



Parental child-rearing strategies influence self-regulation, socio-emotional adjustment, and psychopathology in early adulthood: Evidence from a retrospective cohort study

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ABSTRACT

This study examined the association between recollected parental child-rearing strategies and individual differences in self-regulation, socio-emotional adjustment, and psychopathology in early adulthood. Undergraduate participants ($N = 286$) completed the EMBU – a measure of retrospective accounts of their parents' child-rearing behaviors – as well as self-report measures of self-regulation and socio-emotional adjustment across the domains of eating disorder symptoms, physically risky behavior, interpersonal problems, personal financial problems, and academic maladjustment. A subset of participants also completed the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF). Parental warmth was found to be related to overall better self-regulation and improved interpersonal and academic adjustment. In contrast, both parental rejection and overcontrol were found to be related to general deficits in self-regulation as well as adjustment difficulties and psychopathology. Parental rejection was most closely related to internalizing clinical presentations like anxiety, depression, and somatization, whereas overcontrol was most aligned with increased hypomanic activation and psychoticism. Mediation analyses demonstrated that the relationships between parental child-rearing strategies and socio-emotional adjustment and psychopathology were partially mediated by self-regulation. Future directions are suggested, including basic and translational research related to better understanding the roles of parental child-rearing and self-regulation in the development of internalizing symptoms, activation, and psychotic symptoms.

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1. Introduction

The importance of parental child-rearing strategies in shaping children's personality development is inarguable. Above and beyond the contribution of genetics (e.g., Eisenberg, Spinrad, & Eggum, 2010), the National Institute of Child Health and Human Development's report on Biobehavioral Development (NICHD, 2001) identified that parental child-rearing strategies likely have long-term implications for the development of personal strengths, socio-emotional adjustment, and mental health. However, more research is needed to pinpoint the *specific* consequences of child-rearing on early adult life. Such studies would have significant public health implications and support our basic understanding of personality, psychopathology, and lifespan development.

Based on Bowlby's (1969) attachment theory, parental child-rearing behaviors are often classified across a few broad domains (Arnold, O'Leary, Wolff, & Acker, 1993; Baumrind, 1978; Rohner & Pettengill, 1985). For the sake of this study, we utilized Rohner and Pettengill's (1985) conceptualization, which has been used most frequently in similar studies and operationalizes parental child-rearing along three domains: warmth, overcontrol, and rejection. A number of studies conducted in China, South Korea, and US have related these parental child-rearing strategies to general indicators of adjustment in childhood and adolescence, including self-regulation, self-esteem, and distress (e.g., Morris, Silk, Steinberg, Myers, & Robinson, 2007; Wansoo, 2009; Xiuqin et al., 2010).

Studies examining adjustment in adulthood have similarly focused on non-specific outcomes. Given that prospective studies connecting parental child-rearing strategies in childhood to eventual adjustment in adulthood can be prohibitively expensive, these studies have drawn upon a psychometrically-strong retrospective measure of parental child-rearing strategies, the EMBU (Perris, Jacobsson, Linndstrom, Von Knorring, & Perris, 1980). The EMBU was originally developed in Sweden as the Egna Minnen

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Beträffande Uppfostra, or “My Memories for Upbringing,” and has been translated into several languages. EMBU scores have demonstrated good reliability, validity, and structural invariance across diverse samples (e.g., Arrindell et al., 2001; Deković et al., 2006; Petrowski et al., 2009) and, importantly, correspond closely to parents’ self-report of their own child-rearing practises (Aluja, del Barrio, & García, 2006). Studies using the EMBU conducted in Australia, Croatia, China, Germany, Greece, the UK, and the US have found parental child-rearing strategies to be associated with self-regulation, subjective well-being, self-esteem, overall interpersonal adjustment, general distress, and depression in adulthood (Abar, Carter, & Winsler, 2009; Avagianou & Zafiropoulou, 2008; Fang, Qian, Luo, & Zi, 2009; Flouri, 2007; Huppert, Abbott, Ploubidis, Richards, & Kuh, 2010; Petrowski et al., 2009; Strage, 1998; Winefield, Goldney, Tiggemann, & Winefield, 1989). Existing studies demonstrate the significance of parental child-rearing strategies, but are limited in that outcome measures were non-specific and chosen without regard to a broader conceptual frame.

In the present study, we used Hoerger, Quirk, and Weed’s (2011) self-regulation conceptual framework to guide the choice of specific indicators of adult adjustment. According to that framework, self-regulation is an umbrella construct covering a broad range of microconstructs (e.g., ego control, delay of gratification, and ego resiliency) that all involve altering one’s responses to achieve desired goals. Drawing upon six decades of research on the construct (e.g., Mischel, 1996), Hoerger and colleagues have theorized that self-regulation involves altering responses across five specific life domains: eating behaviors, physical pleasures, social interactions, financial management, and achievement. Examples include maintaining a healthy diet, minimizing substance abuse, engaging in prosocial behaviors, keeping a budget, and pursuing educational activities. In the present study, we examined the relationship between self-reported parental child-rearing strategies (using the EMBU) and self-regulation and socio-emotional adjustment across the five hypothesized domains. Acknowledging the potential gaps in any specific framework, we also administered the 338-item Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) to a subset of participants to examine psychopathology symptoms across a broad range of domains. The MMPI-2-RF is the latest version of the MMPI (Hathaway & McKinley, 1940), the most frequently administered self-report measure of adult psychopathology (for reviews, see Ketterer, Han, Hur, & Moon, 2010; Monnot, Quirk, Hoerger, & Brewer, 2009). Specifically, we hypothesized that the parental child-rearing strategy of warmth would be associated with greater self-regulation, better adjustment, and less psychopathology in early adulthood, while rejection and control would be associated with the opposite pattern of outcomes. Furthermore, we hypothesized that self-regulation would mediate the relationship between parental child-rearing and socio-emotional adjustment/psychopathology.

2. Methods

2.1. Participants and procedures

The present study involved primary analyses of parental child-rearing data collected adjunctively at one site during a large, multisite investigation (Hoerger et al., 2011), which was approved for ethical compliance by the university’s Institutional Review Board. Participants were young adults recruited from a large Midwestern university ($N = 286$; ages 18–35, $M = 19.7$, $SD = 2.1$; 65.1% female; 90.1% white). They completed the vast majority of study measures online; however, a subsample of participants ($n = 56$) also attended a group laboratory session, where they completed

the MMPI-2-RF (Ben-Porath & Tellegen, 2008). Analyses were conducted using casewise comparisons. All participants provided informed consent and received extra credit and/or a small bag of candy as thanks for participation.

2.2. Measures

2.2.1. Parental child-rearing strategies

The 23-item English-language version of the EMBU (Arrindell et al., 1999) was used to measure participants’ retrospective accounts of their parents’ child-rearing behaviors. As noted in Section 1, EMBU scores have demonstrated evidence of good internal consistency, test-retest reliability, validity, structural invariance across demographic groups, and inter-rater agreement (e.g., Aluja et al., 2006; Arrindell et al., 2001; Deković et al., 2006; Petrowski et al., 2009). In the current study, participants rated each of their parents on 23 items measuring three dimensions: warmth ($\alpha = .88$; e.g., “My parents praised me”), rejection ($\alpha = .85$; e.g., “My parents criticized me and told me how lazy and useless I was in front of others”), and control ($\alpha = .86$; e.g., “I felt that my parents interfered with everything I did”), using 4-point response scales. Participant data were absent for 1 (0.3%) of the maternal ratings and 20 (7.0%) of the paternal ratings. We initially examined the correlates of child-rearing behaviors for maternal and paternal ratings separately; however, there were zero statistically significant differences in findings across parents, so ratings were averaged across available parents.

2.2.2. Self-regulation

Three measures of self-regulation were administered. The 37-item Ego-Undercontrol Scale ($\alpha = .85$; Letzring, Block, & Funder, 2004) measured impulsivity and emotional dysregulation (e.g., “My way of doing things can be misunderstood or bother others”). The 14-item Ego-Resiliency Scale ($\alpha = .74$; Letzring et al., 2004) assessed ego-resiliency and emotional competency (e.g., “I quickly get over and recover from being startled”). Both the EUS and ERS used 4-point response scales. Finally, the 35-item Delaying Gratification Inventory ($\alpha = .87$; Hoerger et al., 2011) measured individual differences in gratification delay along five domains: eating behaviors, physical pleasures, social behavior, financial management, and achievement. Participants responded to items (e.g., “I have given up physical pleasure or comfort to reach my goals”) using a 5-point response scale.

2.2.3. Socio-emotional adjustment

Adjustment problems were measured across five domains: eating disorder symptoms, physically risky behavior, interpersonal problems, financial problems, and academic maladjustment. The 33-item Dutch Eating Behavior Questionnaire ($\alpha = .93$; van Strien, Frijters, Berger, & Defares, 1986) was used to measure eating behaviors. The scale measures three symptom domains: restrained eating, emotional eating, and external eating (greater vulnerability to eating when food is available in the immediate environment), with items (e.g., “Do you have a desire to eat when you are feeling lonely?”) rated on a 5-point scale. Items adapted from the Add Health Questionnaire (Resnick et al., 1997) were used to measure physically risky behaviors involving sex, drugs, and alcohol ($\alpha = .82$, 30 items, e.g., “Have you ever used chewing tobacco?”) and financial problems ($\alpha = .57$, 10 items, e.g., “Do you have any credit card debt?”), and response scales varied by item. The 32-item Inventory of Interpersonal Problems-Short Circumplex form ($\alpha = .92$; Soldz, Budman, Demby, & Merry, 1995) was used to measure eight problematic interpersonal styles: domineering, vindictive, cold, socially avoidant, nonassertive, exploitable, overly nurturant, and intrusive. Items assessing interpersonal behaviors (e.g., “It is hard for me to tell a person to stop bothering me”) were

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