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Adult Coping as a Function of Perceived Parental Support

The family unit is a powerful entity that influences the way an individual perceives themselves, the way an individual views others, and their worldview. Healthy family dynamics include emotional availability allowing the growing child to be nurtured in a safe environment where both emotional and physical needs are met, and effective coping strategies can be modeled. Coping strategies, or efforts to regulate emotional distress (Mirnics et al., 2013), are somewhat progressive and necessitate some level of guidance, ideally from one's parents or parental figures, beginning early in life. Though no family of origin is perfect, there is consistency within the dynamic of the healthy family allowing a secure attachment to caregivers, permitting the likelihood of a sense of trust within relationships later in life (Fraley & Davis, 1997). Dysfunctional families have varying characteristics, and fluctuate on a rejection continuum, and at worst, involve severe ongoing abuse. Dysfunctional families can alter the use of healthy coping making these strategies maladaptive and cyclical. Though a child eventually grows into an adult body, the consequences of perceived rejection, neglect, abuse, or an otherwise emotionally unavailable caregiver, can hinder an individual's ability to develop neurologically, emotionally, and socially. Perceived parental rejection indicators include a multitude of residual childhood dysfunctions throughout the lifespan. These dysfunctions result in maladaptive coping strategies which include but are not limited to, emotional instability, and social-relational problems, and may produce obsessive thinking about responsibility. My proposed research examines the relationship between perceived childhood parental support and

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negative adult coping strategies. The present research hypothesizes higher levels of parental rejection associated with higher levels of negative coping strategy usage in adulthood.

Neurological Development

Family dynamics early in life play a significant role in the emotional, social, and overall wellness of a person throughout the lifespan. The parent-child relationship can provide a sense of support and acceptance on a day-to-day basis and can impact the child even on a neurological level. Ongoing negative interactions as a child can impact the development of hormones and the brain's growth during the first few years of life. Researchers agree emotional processes, whether activation or emotional regulation, involve multiple neural subsystems (Lewis & Stieben, 2004). When an individual is not in emotional homeostasis, the brain's individual components work together engaged in fight or flight to protect rather than maintain equilibrium (Chrousos, 1992). If a child endures abuse or neglect, the adaptation to the environment sensitizes pathways and over-develops the parts of the brain involved in anxiety and fear while impacting emotional, social, and cognitive development. Researchers have found that infants and children who endure maltreatment release abnormal amounts of the hormone cortisol in response to fear (De Bellis & Zisk, 2014). Though cortisol helps individuals prepare for stress, higher levels of cortisol impact the sympathetic nervous system which can affect heart rate and blood pressure (Chrousos, 1992). In fact, changes in cortisol levels may be an indication of psychiatric disorders (Dziurkowska & Wesolowski, 2021). The maltreated child's brain is adapting to negative environments, but this adaptation may alter the ability of the child, and maturing adult, to maintain emotional stability.

Emotional Instability

Emotional instability may become evident as the individual attempts to alleviate the uncomfortable state with rapid, magnified mood fluctuations that may not match the situation.

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External symptoms may emerge from such internal symptoms as depression, anxiety, or anger. Khaleque and Rohner (2002) found that those who had a perceived rejecting relationship with their parents had universal measurable traits including hostility (either outward or passive aggressiveness), dependence or defensive independence, impaired self-esteem, impaired self-adequacy, emotional unresponsiveness, emotional instability, and a negative worldview (Rohner, 2004). Possessing any of these universal markers can diminish the ability to effectively deal with stress or maintain emotional stability. Those who have experienced perceived parental rejection are more likely to see rejection from others as deliberate in direct relation to the duration or severity of parental rejection, neglect, or abuse (Rohner, 2004). Such hostility and internalized rejection make these individuals more likely to endure depression or other mental illnesses and make them much more likely to engage in maladaptive coping strategies (Rohner, 2004).

Protective Factors

Research has shown that though the lack of parental support influences the child, and the later adult attitudes, behaviors, and goals, there are protective factors that can mediate the impact. Education can serve as a healthy coping mechanism, allowing individuals to connect with adults like teachers and social workers who can offer guidance and advice (Eckenrode et al., 1993). A study conducted by Werner and Smith (1993) found that having just one genuine caring person in life can significantly enhance the individual's coping and resiliency processes. Unless mediating protective factors are present, emotional coping skills like identifying, expressing, or managing emotions may be restricted. In addition, and depending on the severity of rejection, there is a higher propensity of enduring post-traumatic stress disorder (Patock-Peckham et al., 2020).

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Along with education, age can be a salient factor when examining emotional coping. Trouillet et al., (2011) argued that “problem-focused coping increases with age and depends primarily on participants’ confidence in their ability to successfully solve problems” (p. 541). These same researchers reported that while emotional coping style did not change with age problem-focused coping amplified with age.

Post-traumatic Stress Disorder

Considering the inherent need for social connection, feeling unloved, unwanted, or enduring neglect or abuse from parental figures can be painful (Eisenberger & Lieberman, 2004). Unlike physical pain, the internalized pain recapitulates through rumination and triggers the feelings once felt in the initial trauma. Depending on the severity, an individual may encounter difficulty in regulating daily experiences or expressing reactions to daily experiences. Persistent symptoms of aggression, risky behavior, hypervigilance, and difficulty concentrating may cause functional impairment and go beyond routine emotional stress reactions. Difficulty in regulating an experience or emotional expression due to those experiences depends upon the severity of trauma. In cases of severe emotional dysregulation, there may be an underlying mental health condition called post-traumatic stress disorder. Post-traumatic stress disorder, or PTSD, can develop from a single perceived life-threatening or serious injury event, or being a witness to such an event (*APA Dictionary of Psychology*, 2023). In addition, PTSD symptoms can emerge in response to ongoing feelings of fear, helplessness, or horror (Patock-Peckham et al., 2020). PTSD symptoms may include painful recollections including nightmares, emotional numbing, or avoidance of the place of trauma, along with symptoms including guilt, and chronic uncontrollable negative thoughts (*APA Dictionary of Psychology*, 2023). In addition to the link between childhood trauma and PTSD, (Patock-Peckham et al., 2020), empirical studies have

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found characteristics of trauma and post-traumatic growth linked to the presence of avoidant coping strategies (Brooks et al., 2019). One consideration for explaining emotional reactions to trauma is the early relationship between caregiver and child.

Attachment Theory

Attachment theory (Bowlby, 1969) and its evolutionary concept concerning the emotional connection between infant and mother, is important when considering the long-term implications of the bond between the caregiver and the child's future adult relationships.

Attachment theory, in short, asserts that the survival of the dependent infant is contingent upon meeting basic emotional and social needs (Bowlby, 1969). The infant sees his/her primary caregiver as a base in which to find safety, protection, and support. Without this consistent sanctuary, children learn that the world is not a safe place. The lack of security and consistency, both physically and emotionally, can vary in duration and severity and negatively impact psychosocial adjustment outcomes. Additionally, insecure attachments are generally one of the core traits developed in a dysfunctional childhood that can affect social relationships throughout life.

Emotional Instability and Social-Relational Problems

Researchers have studied the implications of insecure attachments revealing significant social and emotional instability symptoms in early adolescence. In a systematic review of attachment styles, Delgado and colleagues (2022) argue that parental attachment developed by primary caregivers directly influences relationships established by adolescents. Secure childhood attachments predict future adolescent relationships that are fostered with effective communication, emotional support, and quality relationships within their friend groups. In contrast, insecure attachment with parental figures translated into less intimacy with peers and

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higher hostility, anxiety, and difficulty in managing conflict with peers (Delgado et al., 2022).

Throughout the course of childhood and the journey into adulthood, family support from caregivers, and acceptance, or lack thereof, can affect the ability to gain and maintain social relational support as a coping strategy.

Hazan and Shaver (1987) propose that negative attachment to primary caregivers may lead to minimum expectations of seeking and providing care within an adult relationship. Considering the perceived lack of support from childhood caregivers, one may have learned to avoid others and be self-reliant. Just like perceived hostility from a caregiver, a person who has experienced perceived parental rejection consistently, can develop the perception of viewing others' behavior as rejecting and deliberate, with the severity of rejection directly influencing the duration or severity of the reaction. (Rohner, 2004). Plus, an individual may see the world as dangerous, even without clear provocation (Rohner, 2004). All of these variables can influence relational intimacy and can lead to avoiding emotional familiarity with others and social alienation.

Hyper-Responsibility

Intimacy avoidance is associated with increased perceived stress intensity (Cacioppo & Hawkley, 2003) and with an increased likelihood of abusing substances (Min et al., 2007). On the other hand, parental criticisms, and/or neglect, may leave the individual with an inflated sense of responsibility (Halvaiepour & Nosratabadi, 2015). Parental neglect or parental criticism can develop externalizing methods of directing attention away from oneself. Instead, the direct and intense focus on others can be a way to manage negative feelings about parents beginning in childhood. Hyper-responsibility for others and hyper-independence are ways in which to have control over what happens. The traits of hyper-independence and hyper-responsibility are

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opposites, however. Both can be obsessive and/or compulsive. Arguably, at the core of an individual, it is not necessarily the perceived criticism, abandonment, or objective emotional unavailability of an abusive or neglectful parental figure, but the subjective internal feelings one has about whether one feels loved by the caregiver.

Parental Acceptance and Rejection Theory

The Parental Acceptance and Rejection Theory describes acceptance as parental warmth or affection between children and parents including the physical and verbal encounters parents use to express feelings and how the child internalizes them (Rohner & Khaleque, 2005).

Rejection, according to PAR Theory, is the emotional unavailability of the parents, including physical and/or verbal encounters that can psychologically hurt or negatively influence the child.

PAR Theory focuses specifically on the warmth dimension of parenting and the life span developmental impact thereof (Rothenberg et al., 2021). The multicultural, longitudinal, evidence-based study by Pinquart (2017) found four expressions of parental caring or lack of caring. Higher scores concerning three of the expressions, hostility/aggression, indifference/neglect, and undifferentiated rejection (referring to feelings of rejection without specific indicators), revealed a positive correlation concerning more internal problems including: depression, anxiety, dependence, emotional instability, negative worldview, and withdrawing. The study also found that in addition to the internal problems, there were also external problems including aggression, hostility, and misconduct. Those who scored higher in the perceived warmth/affection expression predicted less negative internal and external problems (Pinquart, 2017).

For decades, the heuristic study of the parent-child relationship has produced a plethora of theories outlining the impact of parental support on the developing child. The journey from

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infancy to the development of a healthy adult necessitates the ability to cope with varying degrees of emotional distress throughout the lifespan which can impact the overall wellbeing of an individual. Mimicry in childhood, perceived acceptance or rejection, and brain development all enable coping strategies whether conscious or unconscious, to arise in response to stress.

Individuals who suffered perceived rejection within the family dynamic may have undergone altered brain development which compounds negative coping strategies focusing on survival rather than cognitive, emotional, or social development. The lack of perceived parental support may influence adult social relationships concerning attachment, emotional instability, and hyper-responsibility. Entwined in the complex umbrella of psychological factors that influence internal and external coping are the variables of caregiver comfort and familial acceptance. The present research hypothesizes that higher levels of parental rejection will be associated with higher levels of negative coping strategy usage in adulthood.

Method

Participants

The study utilized a convenience sample. Data was collected from July 18th to July 23rd, 2023, using a self-administered questionnaire utilizing Google Forms. Responses were received from adult social media users ($N=53$). One participant was eliminated from the analysis due to age. The ages of these individuals ranged from 20-68 ($M=39$, $SD=12.55$). There were fifteen male participants, thirty-seven female participants, and one transman participant. Data was analyzed using JASP (Jeffrey's Awesome Statistical Program, 2024).

Instrumentation

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Instruments used to obtain data included: a demographic questionnaire, the Adult PARQ/Control: Mother (Short Form), The Adult PARQ/Control: Father (Short Form) and the STACAT.

Demographic Questionnaire

The questionnaire consisted of four questions about demographic information. Age, gender, level of education, and whether they participated in a recovery program for addiction.

Adult PARQ/Control: Mother (Short Form), Father (Short Form); (Rohner & Khaleque, 2005)

The Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ/Control) short form measures both mother and father individually though this study was considering both mother and father, so the scores were combined. Both mother and father short-form questionnaires consist of twenty-nine questions each, answering on a 4-point Likert-like scale from 4 (almost always true) to 1 (almost never true). Participants are instructed to reflect on the acceptance or rejection of each parent when the adults were 7-12 years of age. The PARQ includes four scales: warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. The range of scores for individual mother and father forms can be from 24 (maximum perceived acceptance)- 96 (maximum perceived rejection). However, given the combined scores in this study, they can range from 48 (maximum perceived acceptance) – 192 (maximum perceived rejection). Scores between 48-56 on the combined scoring may reveal unrealistic idealization of the parent. The Adult PARQ/Control Mother Short Form has good internal consistency with a Cronbach's α .91 (Shurbanovska, 2018). The Adult PARQ/Control Father Short Form has a good internal consistency with a Cronbach's α .90 (Shurbanovska,

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2018). The unidimensional reliability of the entire scale was very strong in this study, Cronbach's $\alpha = .843$.

STACAT (Park, 2007)

The Screening Tool for the Adult Children of Alcoholic Traits (STACAT) consists of twenty-four items within three subscales consisting of eight questions. Subcategories include social relational problems, emotional instability, and obsessive thinking about responsibility. Participants rate their responses to each question using a 7-point Likert scale ranging from Strongly Disagree (0) to Strongly Agree (7). Items in each subscale were summed for a total Adult Children of Alcoholic traits score ranging in total from 7- 161. The higher the score, the more the individual possesses Adult Children traits. The STACAT has an internal consistency in Cronbach's α of .70 or higher (Park, 2007).

Procedure

Participants volunteered to take the online survey via request on social media. The social media post had a link taking the participant directly to the informed consent. Once this consent was agreed to, the three-part survey began. This began with the Adult PARQ/Control Mother (Short Form), the Adult PARQ/Control Father (Short Form) and proceeded with the STACAT form. The participants then filled out the demographic survey. Lastly, the participants were directed to the debriefing.

Results

Participants indicated moderate levels of parental (maternal and paternal) rejection ($M=130.61$, $SD=37.67$). Additionally, participants reported moderate levels of adult children of alcoholic traits related to perceived parental rejection ($M=99.86$, $SD=22.82$). It was hypothesized that higher perceived parental rejection would be related to higher levels of adult children's

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alcoholic traits. Pearson correlational analyses were used to examine the relationship between perceived childhood parental support and negative adult coping strategies. As can be seen in *Table 1*, the hypothesis was supported as results indicated a statistically significant positive relationship between perceived parental acceptance-rejection and adult children of alcoholic's traits, $r = (.53)$, $p < .001$, suggesting as one's perceived parental rejection increases, one's negative coping style increases with adult children of alcoholic's traits.

Table 1:

Emotional Coping (ACOA) as a Function of Parental Support

		Pearson's r	p
Parental Support (PARQ Total)	- ACOA Traits (Screen Total)	0.534 ***	< .001

* $p < .05$, ** $p < .01$, *** $p < .001$

It has been argued that age could be another covariate that predicts emotional coping (Trouillet, et al., 2011). In order to examine the impact of maturity on adult coping using the ACOA screening tool, age was added to the variable parental support (PARQ). A significant multiple regression model was produced ($F = 15.269$, $p < .001$).

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Table 2:

PARQ & Age - Screen Total

Model	R	R ²	Adjusted R ²	RMSE
H ₀	0.000	0.000	0.000	22.180
H ₁	0.632	0.399	0.373	17.565

When the variable of age is combined with the PARQ scores to predict the outcome of ACOA traits, almost 40%, $r = (.632)$, $r^2 = (.399)$, of the variation is accounted for. ANOVA was employed to test the regression model and was found to be statistically significant. The variables PARQ and age are a better predictor of ACOA traits than chance alone.

Table 3:

ANOVA

Model		Sum of Squares	df	Mean Square	F	p
H ₁	Regression	9422.041	2	4711.020	15.269	< .001
	Residual	14192.163	46	308.525		
	Total	23614.204	48			

Discussion

The purpose of the study was to examine the relationship between perceived childhood parental support and negative adult coping strategies. It was hypothesized that a higher perceived

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experience of rejection would be related to negative coping strategy usage in adulthood. The hypotheses were supported suggesting that the effects of perceived parental rejection can negatively impact coping strategies in adulthood.

Regardless of culture, the need for positive response is universal, specifically from parents or caregivers early in life (Rhoner, 2020). As children, parents or caregivers are co-regulators, meaning that parents' guide the child through problems and aid in overcoming such problems by either focusing on the problem in which to solve, or focusing on the emotions to maintain emotional regulation. Thus, family dynamics are important when considering the strategies of coping due to influence, mimicry, and the concept of social support coping strategies. If a child perceives parental rejection more than acceptance, coping with stressors may be more difficult to endure. Additionally, and depending on the severity of abuse, a child may grow physically, but alter the structure of the brain, specifically the parts that aid in emotional regulation, and may contribute to complications in the future social relationships of the adult.

The statistical validity concerning the relationship between perceived parental support and negative adult coping strategies revealed a medium effect. The results of the study indicate that if one variable, either perceived parental rejection or maladaptive adult coping strategies, scores high, the other variable will also score high. Utilizing Pearson's R, the results accounted for 28.5% of the relationship between the two variables. When using both the variable of perceived parental support and age in predicting ACOA traits, the resulting model accounted for almost 40% of the relationship. The ANOVA was statistically significant suggesting that using the variables of age and PARQ to predict ACOA traits is a viable predictor model.

Participants for the study on adult coping as a function of perceived parental support were a convenience sample collected through social media. There is a possible demand characteristic

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threat due to the awareness of the impact of the participants childhood on their own maladaptive coping strategies though the generalizability of the results can be inferred to the population.

Limitations

The Parental Acceptance/Rejection Scale poses possible limitations. The PAR scale is a self-report, relying on retrospective memory specifically between the ages of 7-12. Memories are reconstructive, often based on beliefs, feelings, and fragments, rather than exact replicas of the past. Relying upon retrospective memory to assess perceived parental support may impact the internal validity of the present study.

The Screening Tool for Adult Children Traits is a scale designed to identify high-risk individuals for intervention, not to diagnose individuals as those with specific disorders. Though the STACAT scale is a practical tool, its intended application is to work with the individual's environmental conditions, cultures, and family histories of alcoholism (Park, 2007), not necessarily a way in which to measure maladaptive coping strategies.

Additionally, all participants completed each of the three surveys in the same order. There was no use of counterbalancing in the present study. Responses to the questionnaires may have been impacted by the order of the surveys, possibly producing a fatigue effect.

Directions for Future Research

Based on the results of this study, I suggest a follow-up study using a different sample of the population as a test-retest reliability in order to confirm the consistency of the present results.

Due to the finding concerning age and its correlation with ACOA traits, I suggest a questionnaire that focuses on the protective factors that may have an impact on adult coping strategies, specifically occurring during young and middle adulthood. These protective factors may include relationships such as marriage or long-term relationships, becoming a parent

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themselves, vocation, ongoing therapeutic services, or environmental attributes that may have contributed to the development of adaptive coping strategies as an individual ages.

Due to the limitations of the STACAT, I suggest a score that involves both the specific behaviors in adulthood conducive with measuring adult child behaviors in addition to family history of dysfunction.

In conclusion, the impact of adult coping as a function of perceived parental support resulted in a statistically significant positive correlation. This correlational study had a high construct validity due to using scales that have been validated and dependable in addition to the statistical significance found in this study. Future research should be conducted using a scale that considers protective factors concerning maturing adults. In addition, it will be important to examine the role of other predictor variables (self-efficacy) that might better predict emotional coping.

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