

**THE EFFECTS OF PARENTING AND EMOTION SOCIALIZATION ON EMERGING
ADULTS' WELL-BEING: THE MEDIATING EFFECT OF EMOTION REGULATION**

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A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

GRADUATE PROGRAM IN CLINICAL DEVELOPMENTAL PSYCHOLOGY
YORK UNIVERSITY
TORONTO, ONTARIO

August 2022

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Abstract

Emerging adulthood (18-29 years old) is characterized by an increase in autonomy and major changes in many domains of life (e.g., relationships, education, career). As a result of navigating these complex changes, emerging adults are at increased risk for psychological distress and reduced well-being compared to other developmental age groups. Although emerging adults are expected to gain more independence, research suggests that parents remain salient figures of support during this time. Parents uniquely contribute to their child's developmental outcomes in many ways through the way they interact with, respond to, and care for their child. One of the ways parents contribute to their child's functioning is through supporting the development of emotion regulation (ER), which is the ability to manage emotions and is essential for healthy psychosocial functioning. This study aims to investigate the relations between perceived parental emotion socialization, parental warmth, parental control, and resilience and well-being, and whether emotion regulation mediates these associations. Undergraduate students ($n = 695$) participated in an online survey regarding perceived parental factors, emotion regulation, resilience and well-being. Structural equation modelling was used to test the mediational relationship. Results indicated that emotion regulation mediated the relationships between unsupportive parental emotion socialization and resilience and well-being, respectively, as well as the relationship between parental warmth and each of resilience and well-being. These findings suggest that specific parental responses to emotions are associated with emerging adult resilience and well-being through emotion regulation ability. Findings may inform interventions or workshops targeted towards adaptive parenting behaviors during emerging adulthood.

Keywords: emotion regulation, parental factors, emerging adulthood, well-being

Acknowledgements

First and foremost, I would like to thank my supervisor, Dr. Jennine Rawana. Thank you for your invaluable support and feedback on this thesis project. Your patience and mentorship have shaped me into a stronger student over the past two years. I would also like to extend my gratitude to my committee. Dr. Heather Prime- thank you for providing your constructive and positive feedback on my thesis. Words cannot express my gratitude for your kind input, which strengthened my thesis and taught me valuable skills and lessons as a researcher. I would also like to thank Dr. Joe Baker and Dr. Maggie Toplak for sharing your questions, feedback, and thoughts regarding my thesis. The conversations we had about my project inspired me to continue this research, which I am passionate about and truly believe in the importance of.

I would also like to thank the members at the REACH lab. Your help and positivity made this process easier and enjoyable, and shaped this project into what it is today. I would also like to thank those in my cohort- you have become genuine friends, confidantes, and my positive lights of support. I am incredibly lucky to go through this journey with such compassionate, wise, and kind individuals.

I would also like to acknowledge my mom, dad, and my sister who have been my biggest supporters and have shown me unconditional love and warmth. I could never thank you enough for the light and inspiration you give me, and the feeling of home I feel, even in a new city. I would also like to thank my friends and partner- your enthusiasm, support, strength, and humor made this journey fun, exciting, and easy. & Thank you to Meeko for keeping me company at home, and during virtual lectures and meetings.

Lastly, I would like to thank all the members of 방탄소년단- for giving me my magic shop, endless laughs, and comfort when days were hard during the pandemic.

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The Effects of Parenting and Emotion Socialization on Emerging Adults' Well-Being: The Mediating Effect of Emotion Regulation

Emerging adulthood (18-29 years old; Arnett, 2007) is characterized by significant changes and transitions (e.g., going to university, moving out of the parental home; Arnett, 2004). While this period is associated with maturity, increased independence, and achieving self-sufficiency, emerging adults often face challenges with establishing their identity, adapting to new social roles, and navigating a way of life that is characterized by increased uncertainty (Arnett, 2004). More specifically, emerging adulthood is distinguished by a period of major, novel life transitions such as, moving out of the parental home, beginning college or university, starting in the workforce, and/or beginning intimate relationships (Arnett, 2004). Thus, because of increased stressors during this time, emerging adults are at heightened risk for experiencing more psychological distress and reduced well-being compared to other developmental periods. (Ingram & Gallagher, 2010; Lee & Gratmotnev, 2007). Research has explored protective and promotive factors for facilitating healthy adjustment into emerging adulthood, such as social support (see Lane et al., 2016). Perrier et al. (2010) posit that social support is positively associated with general health, and thus, is beneficial for coping with stress in emerging adulthood (Lane et al., 2016). Previous literature suggests that there are changes that emerging adults experience within their social networks, such as the growing importance of peers and friendships, as well as the significance of romantic partnerships (Lane et al., 2016). Beyond these types of interpersonal relationships, research also recognizes caregivers as an important source of support (Aquilino, 1997). Parents can positively contribute to emerging adults' well-being in various ways, such as through promoting independence while also lending emotional support (see Mendoza et al., 2019). More specifically, parenting styles, such as parental warmth (i.e.,

responsiveness and acceptance from the parent) and parental psychological control (i.e., using psychological tactics to grant or inhibit autonomy) can affect mental health and well-being outcomes throughout development (Reed et al., 2015). Additionally, another parenting behavior, *parental emotional socialization* (i.e., the way in which parents respond to their child's emotions, specifically), plays a role in the mental health of children, adolescents, and emerging adults (Eisenberg et al., 1998; Lugo-Candelas et al., 2016). Thus, it is evident that parental factors have lasting impacts on youth mental health, into emerging adulthood, though less is known about the effects of parenting practices during this period.

In addition to impacting psychosocial health and adjustment, parents uniquely contribute to their child's development in other ways, including supporting the development of emotion regulation (ER; Morris et al., 2007). Emotion regulation is defined as the ability to recognize and manage positive and negative emotions (Gross, 1998) and is essential for healthy psychosocial functioning and well-being (Gross & John, 2003; Werner & Gross, 2010). However, as the majority of research on parenting and ER outcomes have been conducted with children and adolescents, there is a dearth of literature on the effects of parenting on ER development in emerging adult samples. Since ER is a promotive factor for resiliency and mental health during emerging adulthood, understanding the foundations of ER development in emerging adults within the context of parental practices is necessary for promoting positive outcomes for development and well-being. The proposed study aimed to examine the relations between emerging adults' perceived parenting practices (i.e., parental warmth, parental psychological control, parental emotion socialization) and emerging adults' resilience and positive well-being (i.e., subjective happiness, life satisfaction, life flourishing), and whether emerging adult ER mediated these relationships. Specifically, the study will focus on the role of parental factors in

emerging adults' *positive* aspects of well-being (e.g., subjective happiness, life satisfaction, flourishing), given the dearth of research in this domain.

Emerging Adulthood, Well-Being, and Resilience

As a result of the transitions in lifestyle, interpersonal relationships, and responsibilities during emerging adulthood, the risk for psychological distress and mental health concerns are exacerbated (Arnett, 2007; Tanner et al., 2007). Thus, emerging adulthood is a critical time to monitor the mental health and well-being of emerging adults, as the risk for poor mental health often increases during this developmental period (Ingram et al., 2010).

Well-being is an indicator of psychosocial health referring to adaptive psychological functioning (Deci & Ryan, 2008), and has been conceptualized in various ways. For instance, Keyes (2014) established the dual continuum model of well-being which measures mental health on two separate continuums regarding positive and negative mental health: one ranging from high to low positive mental health, and the other ranging from high to low negative mental health. With regard to this model, research and treatment highlights the significance of investigating both positive and negative elements of mental health in order to capture a holistic understanding of one's overall well-being. More specifically, Keyes (2014) posits that it is important to consider protective and promotive factors (i.e., positive well-being), as the presence of such factors can aid in protecting against symptoms of mental illness. Although negative mental health and positive well-being are negatively associated with each other, these outcomes are recognized as two separate and distinct factors that are important to consider in order to fully conceptualize health and well-being (Keyes, 2014). While negative mental health is an important indicator of well-being, positive psychological health is often overlooked when investigating outcomes of well-being and psychosocial health in studies of emotion regulation, parenting, and

emerging adults. Thus, as there is an abundance of literature showing the detrimental effects of poor parenting styles on negative mental health (Khodabakhsh et al., 2014), the present study will focus on the effects of parenting practices and emotion regulation on strength-based and positive measures of well-being such as, resilience, subjective happiness (e.g., experiencing positive emotions), life satisfaction (Diener, 1984), and flourishing (e.g., self-acceptance, competence, and connectedness; Diener et al., 2010; Ryff, 1989). In addition, Cloninger (2006) argues that focusing on positive outcomes, such as adaptive emotions and well-being is a destigmatizing approach to investigating and treating mental health.

Resilience is another indicator of psychosocial health and has been found to be associated with aspects of well-being (Mak et al., 2011; Cohn et al., 2009). Resilience is defined as the process of adaptation following challenging or adverse events (Howard & Johnson, 2000). In previous literature, resilience has been measured through investigating protective factors that are internal and external to the individual, which facilitate resilience. For instance, these protective factors may include social support, family functioning, and perception of self (Friborg et al., 2003). Resilience may be an especially important factor in emerging adulthood, as emerging adults are expected to navigate and cope with increased pressure and challenging transitions.

The Role of Parents in Emerging Adulthood

As emerging adulthood is characterized by an increase in stressors and pressure to meet the demands of the changing environment, adequate social support is important for facilitating healthy adjustment to these changes. Throughout childhood and adolescence, parents are the primary source of support, care, and discipline for their child. However, emerging adults are expected to gain more independence, which warrants a change in parenting practices (Aquilino, 1997; 1996). Despite this transition, many emerging adults do not view themselves to be fully

adults (Arnett 2004; Nelson et al., 2007), and, therefore, it is common for parents to remain in the lives of an emerging adult to provide support through the transitional period from adolescence to emerging adulthood, while also minimizing control to allow for and encourage independence (Aquilino 1997; 1996). Parent-rearing practices and behaviors are fundamental to well-being and functioning, and these links have been widely studied in early developmental literature. Therefore, an investigation on the effects of parental behaviors in emerging adulthood may be necessary for promoting healthy adjustment and enhanced psychosocial well-being during this developmental period.

Perceived Parenting and Well-Being

Parents typically engage in different behaviors and attitudes when interacting with their child, which is often referred to as *parenting styles*. Parenting styles are defined as the way in which caregivers care for and interact with their child and have been identified as significant predictors of youth well-being and psychosocial health (see Khodabakhsh et al., 2014). Specifically, parental warmth and parental control have been identified as the most prominent aspects of parenting styles in predicting developmental outcomes and well-being in childhood and adolescence (Grolnick & Curland, 2002), though less is known about the impact of parenting styles during emerging adulthood.

Parental Warmth and Control. Parental warmth is characterized as involvement, responsiveness, and acceptance from the caregiver (Darling et al., 1993), and is negatively associated with adolescents' internalizing and/or externalizing symptoms (see Khaleque, 2013). Specifically, studies have found that child perceived parenting practices characterized by high levels of warmth and nurturance were negatively associated with symptoms of depression and anxiety in adolescents (Khodabakhsh et al., 2014; Furnham & Cheng, 2000). Further, a lack of

parental warmth (i.e. neglectful or harsh parenting) has been found to be associated with poorer psychological functioning in adolescents (Repetti, Taylor, & Seeman, 2002). In a study done with emerging adults, the researchers found that perceived maternal warmth predicted emerging adults' subjective happiness (Furnham & Cheng, 2000). However, the relation between parental warmth and other aspects of positive well-being (specifically life satisfaction and flourishing) in emerging adults has not yet been examined.

In addition to parental warmth, parental control is another parenting style that contributes to well-being and mental health (Reed et al., 2015; Seibel & Johnson, 2001). One type of parental control is psychological control, which typically involves using psychological tactics such as guilt, asserting power and authority, withdrawing love and care, and invalidating emotions and thoughts (Barber, 1996). Psychological control interferes with positive adjustment and tends to have a negative impact on well-being throughout development (see Barber et al., 2005; Shek et al., 2007; 2018). To date, one study conducted by Nelson et al. (2011) has examined parental control in relation to emerging adults' general psychosocial adjustment. This study found that high levels of parental control yielded poorer outcomes for psychosocial well-being in emerging adults, poorer parent-child relationship quality, lower self-esteem, and increased symptoms of depression and anxiety (Nelson et al., 2011). However, this study only focused on negative mental health outcomes such as depression, anxiety, and substance use, rather than outcomes of positive well-being.

Parental Emotion Socialization. Parental emotion socialization involves the way parents interact with their child in the context of emotions, specifically. In other words, parental emotion socialization refers to how caregivers respond to their child's emotions. Parental emotion socialization includes indirect (e.g., social modelling), or direct (e.g., fostering

discussion about emotions and coping skills) behaviors from the parent (Eisenberg et al., 1998). Gottman et al. (1996) identified *emotion coaching* to be a direct parental emotion socialization practice that enhances a child's emotional awareness and regulation. Emotion coaching is characterized by a combination of the parent's response to their child's emotions (e.g., encouraging or discouraging emotion expression), as well as the parent's direct guidance on helping their child manage their emotions (e.g., teaching emotion-focused coping skills). One way that these explicit responses have been conceptualized is by categorizing them as either supportive or unsupportive emotion socialization behaviors, which can either enhance or hinder ER development, respectively (Eisenberg et al., 1998). Supportive parental emotion socialization is characterized by the parent's awareness and acceptance of their child's negative emotions. Conversely, unsupportive parents tend to punish, criticize, or neglect their child's negative emotions (Gottman et al., 1996). In regard to mental health outcomes, previous literature suggests that supportive emotion socialization behaviors were negatively associated with internalizing symptoms (Stocker et al., 2007; Kehoe et al., 2014; Lugo-Candelas et al., 2015), while unsupportive parental emotion socialization was associated with increased depressive symptoms in adolescents (Shortt et al., 2016). Thus, it is evident that parents significantly impact their child's negative mental health outcomes through their rearing styles and behaviors, though less is known about the impact on positive aspects of well-being during emerging adulthood. Further, the mechanisms linking parenting styles to child well-being are not well established.

The Mediating Role of Emotion Regulation

Emotion regulation (ER) refers to the way in which an individual recognizes, manages, and expresses their positive and negative emotions in response to a situation or environment (Gross, 1998; Gross et al., 2003). In contrast, emotion dysregulation is characterized by an

inability or difficulty with regulating emotions (Gratz & Roemer, 2004). Emotion regulation has been found to be associated with enhanced well-being and psychological health (Campbell-Sills et al., 2006; Gross & Munoz, 1995), while emotion dysregulation has been found to be associated with decreased well-being (Quoidbach et al., 2010). Furthermore, ER is positively associated with resilience in both adolescents (Mestre et al., 2017) and adults (Tugade & Frederickson, 2007), providing further evidence of the impact of ER on well-being and psychosocial functioning. As resilience and well-being are key outcomes of ER ability, ER is important to investigate in emerging adulthood, which is characterized by increased stress and novel challenges. Moreover, it is important to further understand what factors affect the development of ER, which has been thought to be largely fostered by parents from a young age.

A functionalist perspective of emotions theorizes that emotions are understood through interpersonal (i.e., socialization processes) and intra-personal contexts (i.e., the environment in which they arise) and view ER development as a process that is oriented in goal achievement (Campos et al., 1994; Zeman & Shipman, 1998). In the context of parent-child relationships, a child may express their negative emotions to receive a desired response (goal achievement) from their caregiver (e.g., a child crying when they are upset in order to receive consolation or care). Thus, the functionalist perspective of ER supports the notion that parental responses and styles (i.e., parental warmth and control) and parental emotion socialization may aid in the development of ER ability. For instance, supportive and validating responses to a child's negative emotions encourage subsequent expression of emotions, and as a result, establishes a conducive setting for the child to learn how to understand and manage their emotions. Conversely, unsupportive, punitive, and neglectful responses to a child's negative emotions

discourage emotional expression, resulting in fewer opportunities for the child to experience and learn how to manage their negative emotions.

Previous research has found significant links between parenting styles, parental emotion socialization and ER development in child and adolescent samples. For instance, Cabecinha-Alati and colleagues (2020) found that adults who reported higher levels of supportive parental emotion socialization behaviors during childhood also reported enhanced ER skills in adulthood. Conversely, adults who reported higher levels of unsupportive parental emotion socialization in their childhood displayed poorer ER ability and tended to use more maladaptive coping strategies to manage their emotions. Similarly, in terms of parental warmth, researchers have found positive associations between maternal warmth and children's ER abilities (Morris et al., 2007; Strayer & Roberts, 2004). Correspondingly, Buckholdt et al. (2014) and Thorberg et al. (2011) found that parents who invalidate their child's negative emotions and respond with neglect (i.e., a lack of warmth) predicts emotion dysregulation in adolescents. Furthermore, previous literature has highlighted the association between parental psychological control and increased dysregulation problems (see Aunola & Nurmi, 2005; Krishnakumar., 2003). More specifically, several studies have found that psychological control was negatively associated with ER ability in children and adolescents (McDowell et al., 2002; Moilanen, 2007; Strayer et al., 2004), and emerging adults (Manzeske & Stright, 2009). Longitudinal studies have indicated that the effects of these maladaptive parenting styles hinder ER development in childhood and have detrimental effects in adulthood, which highlights the enduring impact of parents on their child's ER development (Tani et al., 2018).

Thus, previous literature supports that parents play a prominent role in cultivating adaptive ER abilities by engaging in specific, emotion-oriented behaviors during interactions

with their children and adolescents, which also impact well-being outcomes. However, there is a gap in the research regarding the potential mediating role of ER between emerging adult perceived parenting factors, and resilience and well-being outcomes.

The Present Study

Current literature suggests that there is a link between parental factors, ER development, and mental health outcomes in youth. However, no known studies have explored ER as a potential mediator in the relation between parental factors and well-being in emerging adulthood. Furthermore, the majority of previous studies have highlighted negative mental health as an outcome in the absence of investigating positive mental health and promotive factors such as positive well-being (i.e., subjective happiness, life satisfaction, and psychosocial flourishing) and resilience, which are important to foster in emerging adulthood. The current study comprehensively examined the effects of emerging adult perceived parenting styles and behaviors on ER development, resilience, and well-being in emerging adults, which is an understudied population within this line of research. More specifically, the present research investigated whether ER mediated the relationship between perceived parenting practices and emerging adult resilience and well-being, respectively, in a sample of emerging adults.

Objectives:

The current study explored emerging adults' perceptions of their caregiver's current parenting practices in relation to their resilience and positive-well-being. Further, I investigated whether emerging adults' ER ability mediated these associations. The primary objectives of the study were as follows:

- 1) To examine the relations between emerging adults' perceived parental factors (i.e., supportive and unsupportive parental emotion socialization behaviors, parental warmth, and parental control), and emerging adults' resilience and well-being and
- 2) To examine whether the relationship between these perceived parental factors and emerging adults' resilience and well-being were mediated by emerging adults' ER ability.

Hypotheses:

In support of the functionalist perspective of emotions and consistent with previous literature on parenting and ER development in children and adolescents, it was hypothesized that:

- 1) higher levels of supportive parental emotion socialization and parental warmth, and lower levels of unsupportive parental emotion socialization and lower levels of parental control would be associated with increased resilience and well-being in emerging adults, and
- 2) ER would mediate the relationship between parental factors and emerging adults' well-being such that higher levels of supportive parental emotion socialization and parental warmth, and lower levels of unsupportive parental emotion socialization and parental control would be associated with decreased emotion dysregulation, which in turn, would be associated with increased resilience and well-being in emerging adults.

Method

Participants

Undergraduate students between the ages of 18 to 29 years old ($n = 695$, $M_{age} = 19.75$, $SD = 2.25$) were recruited from the Undergraduate Research Participant Pool (U.R.P.P.) and social media postings through the Undergraduate Psychology Student Association (UPSA) at a large, Canadian, university in an urban city between May 2021 to January 2022. Participants were excluded if they completed less than 70% of the survey, or if they completed the study in less than 10 minutes. The majority of the sample was female ($n = 527$, 75.8%), had at least high school diploma ($n = 692$, 99.6%), in their first year of university ($n = 389$, 56%), and were living at home with parents ($n = 562$, 80.9%). The sample was diverse and included students who identified as South Asian (e.g., Indian, Pakistani, Bangladeshi; $n = 173$, 24.9%), White/Caucasian ($n = 146$, 21%), East Asian (e.g., Chinese, Japanese, Korean; $n = 76$, 10.9%), and Black ($n = 73$, 10.5%). See Table 1 for a full description of sample demographic characteristics. The research ethics board at the university granted study approval.

Table 1*Demographic Characteristics of Sample (n = 695)*

Demographic Variables	<i>n</i>	Percentage (%)
Gender		
Male	158	22.8
Female	527	75.9
Non-binary	4	.6
Transgender	1	.1
Other/Prefer not to answer	4	.6
Ethnicity		
Black	74	10.6
East Asian	76	10.9
Hispanic or Latinx	22	3.2
Indigenous	1	.1
Indo-Caribbean	13	1.9
Mixed	33	4.7
South Asian	173	24.9
South East Asian	54	7.8
West Asian	78	11.2
White/Caucasian	148	21.3
Other/Prefer not to answer	23	3.3
Study Year		
1 st Year	389	56.0
2 nd Year	157	22.6
3 rd Year	75	10.8
4 th Year	41	5.9
5 th Year	16	2.3
Other/prefer not to answer	17	2.5
Living Situation		
Parent/guardian home	569	81.9
Campus Residence	43	6.2
Off campus	64	9.2
Other/prefer not to answer	19	2.8

Procedures

Participants completed an online informed consent form (see Appendix A) and then completed an online survey comprising of several questionnaires regarding perceived parental factors, emotion regulation, resilience, and well-being, which took approximately 25 to 30 minutes to complete. The questionnaires were presented in randomized order for all participants. Upon completion, participants who were enrolled in an introductory psychology course received 0.5 bonus credits that went towards their final grade, while other students were entered into a draw for one of five \$25 Tim Horton's gift cards as compensation. Participants were also debriefed at the end of the study and were provided with a list of local mental health services and their contact information (see Appendix B).

Measures

Demographic information

Participants reported their date of birth, gender, ethnicity, education level, parents' education level, household income, and living situation (e.g., whether they are currently living with a caregiver or alone; see Appendix C). Items from all measures included in the study had a response option of "Prefer Not to Answer."

Parental factors

Participants indicated their primary caregiver (i.e., who they typically go to for emotional support, who raised them growing up) and completed the following questionnaires about their parent's emotion socialization behaviors and parenting styles.

Perceived parental emotion socialization. The Emotions as a Child Scale (EAC; Magai & O'Neal, 1997; Appendix D) is a self-report measure that has been developed for use with children and adolescents to measure direct parental emotion socialization for three negative

emotions: fear, anger, and sadness. Participants indicated how often their caregiver responded to each of the three emotions on a five-point Likert scale ranging from 1 = *never*, to 5 = *very often*. Each emotion scale includes 15 items in total, with three items for each subscale representing the following five emotion socialization behaviors: 1) reward (e.g., “my parent helped me cope”), 2) neglect (e.g., “my parent did not pay attention to my sadness”), 3) override (e.g., “my parent told me to cheer up”), 4) punish (e.g., “my parent let me know that he/she did not approve of my sadness), and 5) magnify (e.g., “my parent got very sad”). For the purposes of this study, we used an abbreviated two-factor structure of the scale for data analysis, which was developed and tested by Guo, Mrug, and Knight (2017) for use with older adolescents and emerging adults. This shortened two-factor structure of the scale excludes three items from each of the five subscales and codes the remaining items as either supportive emotion socialization (seven items) or unsupportive emotion socialization (five items). The two-factor structure of the EAC has demonstrated sound psychometric properties including reliability and validity for use with emerging adult samples (Guo et al., 2017). In this study, the EAC demonstrated good to excellent reliability for the two-factor structure of the scale (supportive, Cronbach’s $\alpha = .93$; unsupportive, Cronbach’s $\alpha = .78$).

Perceived parental warmth and parental control. The Child Report of Parental Behavior Inventory (CRPBI-30; Schluderman & Schluderman, 1988; Appendix E), is a revised, shortened 30-item child-report of the original CRPBI (Schaefer, 1965), which assesses perceptions of current parenting styles and can be used for individuals who are eight years and older. The Acceptance vs. Rejection subscale consists of 10 items (e.g., “My [parent] is a person who makes me feel better after talking over my worries with [them]”) and was administered to measure perceived parental warmth, with higher scores indicating higher acceptance and warmth

from the caregiver. The Autonomy vs. Psychological Control subscale consists of 10 items (e.g., “My [parent] is a person who is always telling me how I should behave”) and was used to assess perceived parental control, with higher scores indicating more support for independence and autonomy. The CRPBI demonstrates good psychometric properties for use with university students in previous literature (Bernier et al., 2004, Soucy & Larose, 2000, Shigeto, Grzywacz, & Cui, 2019). The CRPBI demonstrated excellent internal consistency for both the Acceptance vs. Rejection and the Autonomy vs. Psychological Control subscale (Cronbach’s $\alpha = .94$ and $.89$, respectively).

Emotion Dysregulation

Emotion dysregulation was assessed using the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004; Appendix F). The DERS consists of 36 items and comprehensively measures emotion dysregulation across six different dimensions: 1) inability to accept emotional responses (e.g., “When I am upset, I feel guilty for feeling that way”), 2) difficulties in using goal-directed responses (e.g., “When I am upset, I have difficulty getting work done”), 3) difficulties controlling impulsive actions (e.g., “When I am upset, I feel out of control), 4) decreased emotional awareness (e.g., “I pay attention to how I feel”), 5) lack of access to ER strategies (e.g., “When I am upset, it takes me a long time to feel better”), and 6) lack of emotional clarity (e.g., “I am confused about how I feel”). All responses were rated using a five-point Likert scale ranging from 1 = *almost never*, to 5 = *almost always*, where higher scores indicate increased emotion dysregulation. The DERS has been found to demonstrate sound psychometric properties for use with adults (Gratz et al., 2004). The DERS displayed excellent reliability in the current study (Cronbach’s $\alpha = .82$).

Resilience

Resilience was assessed using the Resilience Scale for Adults (RSA; Friborg et al., 2003; Appendix G). The RSA is a 33-item self-report measuring six protective domains that facilitate resilience: 1) perception of self, 2) planned future, 3) social resources, 4) social competence, 5) family cohesion, and 6) structured style. Participants responded to items using a seven-point Likert scale, with higher scores indicating increased protective factors, which contribute to higher resilience (e.g., “My plans for the future are, 1 = *difficult to accomplish*, to 7 = *possible to accomplish*). The RSA has demonstrated good psychometric properties including reliability and validity among emerging adults (see Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006; Hjemdal, Friborg, Braun, Kempnaers, Linkowski, & Fossion, 2011; Hjemdal, Roazzi, Dias, & Friborg, 2015). In the current study, the RSA demonstrated excellent internal consistency (Cronbach’s $\alpha = .91$).

Well-being

Emerging adults’ well-being was assessed through three self-report measures, including, life satisfaction, subjective happiness, and flourishing.

Life Satisfaction. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; Appendix H) was used to assess global life satisfaction among university students. The SWLS is a self-report consisting of five items (e.g., “In most ways, my life is close to my ideal”) and participants used a seven-point Likert scale ranging from 1 = *totally disagree* to 7 = *totally agree*, with scores ranging from 5 to 35. Higher scores indicated higher satisfaction with life. The SWLS has been used and validated with undergraduate samples and demonstrate excellent reliability and validity (Diener et al., 1985; Tsaousi, Nikolau, Serdaris, & Judge, 2007). The SWLS demonstrated excellent reliability (Cronbach’s $\alpha = .87$) in the present study.

Subjective Happiness. Global subjective happiness was measured using the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999; Appendix I). The SHS is a self-report instrument which consists of four items (e.g., “Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?”) which are rated on a seven-point Likert scale ranging from 1 = *not at all* to 7 = *a great deal*. A total score was generated, with higher scores indicating increased happiness. The SHS demonstrated good reliability (Cronbach’s $\alpha = .85$ in the current study).

Psychosocial Flourishing. The Flourishing Scale (FS; Diener et al., 2010; Appendix J) is an eight item self-report which assesses psychosocial flourishing. The FS assesses several domains of functioning, including, social relationships (e.g., “My social relationships are supportive and rewarding), leading a meaningful and fulfilling life (e.g., “I am a good person and live a good life”), optimism (e.g., “I am optimistic about my future”), and feeling competent (e.g., “I am competent and capable in the activities that are important to me”). Participants responded to items using a seven-point Likert scale ranging from 1 = *strong disagreement* to 7 = *strong agreement*. Scores ranged from 8 to 56 with higher scores indicating higher levels of overall psychosocial well-being. The FS demonstrates good psychometric properties including, high reliability and high convergence with other scales (Diener et al., 2010). In the present study, the FS demonstrated excellent internal consistency (Cronbach’s $\alpha = .90$).

Table 2*Number of Participants Who Identified Their Primary Caregiver*

	<i>n</i>	Percentage (%)
Primary Caregiver		
Mother	589	84.7
Father	77	11.1
Other	29	4.2

Data Analysis Plan

Statistical analyses were conducted using IBM SPSS version 26.0 and R software. Descriptive analyses were conducted to obtain summaries about the demographic characteristics of the sample. Reliability analyses were conducted to derive Cronbach's alpha coefficients to determine psychometric properties for all of the measures included in the study and Pearson's coefficients were generated to examine the correlational associations among our main study variables. Additionally, preliminary analyses were conducted to examine whether the data met statistical assumptions of normality. These analyses indicated that some of the variables including unsupportive parental emotion socialization, parental warmth, parental control, and flourishing deviated from normality. Thus, a robust, bootstrapped method of structural equation modelling was used to address violations against normality assumptions (Nevitt & Hancock, 2001). Standardized z-scores were used for analyses in order to make comparisons across variables.

Structural Equation Modelling

Structural equation modelling (SEM) and path analyses were used to test direct and indirect relationships between emerging adult perceived parental factors (emotion socialization, parental warmth, and parental control), resilience and well-being (subjective happiness, life satisfaction, and flourishing), and emotion regulation ability. More specifically, SEM is a statistical method that simultaneously tests multiple linear regressions within one model while testing for model fit using fit indices such as, the comparative fit index (CFI), the Tucker-Lewis index (TLI), the root mean square error of approximation (RMSEA), and the standardized root mean squared residual (SRMR). The cut-offs for acceptable fit indices were $> .9$ for CFI and TLI, and $< .08$ for RMSEA and SRMR (Hooper, Coughlan, & Muller, 2008; Kline, 2004).

Structural equation modelling also allows for testing of latent variables, which are known as hypothetical *constructs* or *factors*, as well as observed variables, which are also called *indicators* or *measured* variables (Ullman & Bentler 2013). Typically, latent variables are indicated by ovals, while observed variables are depicted by rectangles (Byrne, 2010). A benefit of using SEM is that it is a powerful method which allows for testing theoretical concepts and eliminates the need to run multiple independent linear regressions. In addition, the use of latent variables represented by observed variables, or indicators, lessens measurement error (Kline, 1988; Ullman et al., 2013). The current study conducted a mediation analysis using SEM and thus, there were three effects that were derived and reported: (1) the total effect, which is the *unique* effect of the predictor on the outcome variable (over and beyond the other predictors), (2) the direct effect, which is the effect of the predictor variable on the outcome variable that is not through the mediator, and lastly, (3) the indirect effect, which is the effect of the predictor on the outcome via the mediator. Thus, the total effect should equal the sum of the direct and indirect effects.

In the present study, one SEM model was tested examining the relationships between each of the four predictors (supportive and unsupportive parental emotion socialization, parental warmth, and parental control), the mediator (emotion dysregulation), and each of the two outcome variables (resilience and well-being). See Figure 1 for the hypothesized model. There were no covariates included in the model as analyses revealed no significance differences when demographic covariates were included.

Missing data were addressed using the Full Information Maximum Likelihood (FIML) estimation. Other common methods such as, listwise deletion, used to address missing data can compromise statistical power as the process involves eliminating cases with missing values on

any variable, thus resulting in a significant reduction in sample size. The FIML avoids this caveat by using all the information from observed variables. The FIML estimation is most commonly used in SEM and is the superior method for dealing with missing data (Enders & Bandalos, 2001).

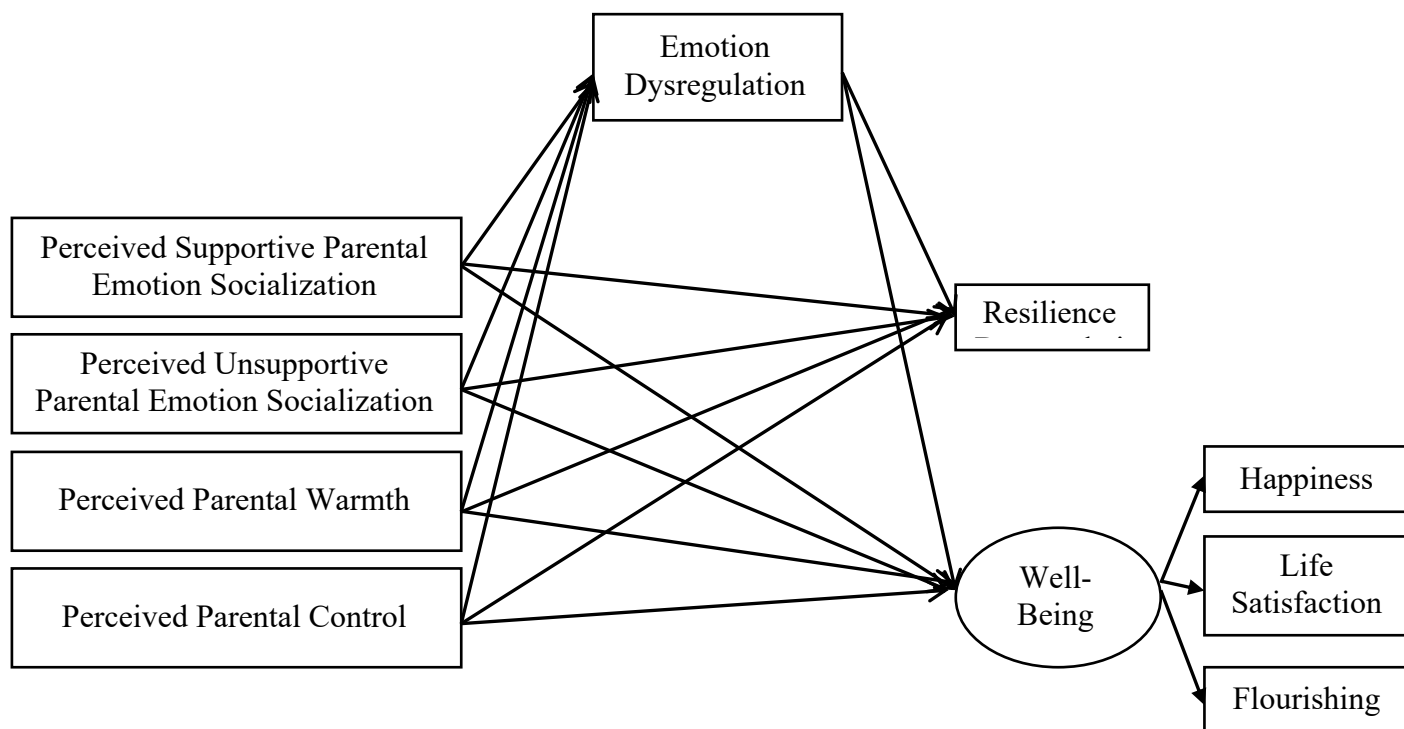


Figure 1. Hypothesized structural equation model examining the associations between perceived parental factors, emerging adult resilience, and emerging adult well-being, with emerging adult emotion dysregulation as a mediator. Rectangular boxes represent observed variables and ovals represent latent variables.

Results

Descriptive Statistics

Descriptive information for variables of interest is presented in Table 3. One of the objectives of the present study was to examine the associations between perceived parental factors, emotion regulation ability, resilience, and well-being. As such, bivariate correlation analyses were conducted for all the variables included in the hypothesized model (see Table 4). Analyses indicated that the EAC subscales were not correlated ($r = .043$, all $ps < .01$), indicating that supportive and unsupportive parental emotion socialization behaviors were not related in this sample. The Acceptance vs. Rejection subscale and Autonomy vs. Psychological Control subscale of the CRPBI were significantly and moderately correlated with each other ($r = -.510$), such that higher levels of perceived parental warmth were associated with lower levels of perceived parental control.

Perceived supportive emotion socialization was significantly and strongly correlated with parental warmth ($r = .753$, $p < .01$), and negatively correlated with parental control ($r = -.378$, $p < .01$), although this association was moderate. Additionally, supportive emotion socialization was significantly and negatively correlated with difficulties in emotion regulation ($r = -.158$, $p < .01$), while being positively and significantly correlated with resilience ($r = .440$, $p < .01$), subjective happiness ($r = .295$, $p < .01$), life satisfaction ($r = .360$, $p < .01$), and flourishing ($r = .339$, $p < .01$). Conversely, perceived unsupportive emotion socialization was significantly and negatively associated with perceived parental warmth ($r = -.130$, $p < .01$), positively and moderately correlated with perceived parental control ($r = .497$, $p < .01$) and difficulties in emotion regulation ($r = .301$, $p < .01$), and negatively correlated with resilience ($r = -.204$, $p < .01$), subjective happiness ($r = -.115$, $p < .01$), and flourishing ($r = -.107$, $p < .01$), although these

associations were weak. Lastly, perceived unsupportive emotion socialization was not significantly correlated with life satisfaction ($r = -.066, p = .104$).

In terms of parenting styles, parental warmth was negatively correlated with parental control ($r = -.510, p < .01$) and difficulties in emotion regulation ($r = -.262, p < .01$), and positively correlated with resilience ($r = .546, p < .01$), subjective happiness ($r = .374, p < .01$), life satisfaction ($r = .412, p < .01$), and flourishing ($r = .396, p < .01$). Conversely, parental control was positively correlated with difficulties in emotion regulation ($r = .290, p < .01$) and negatively associated with resilience ($r = -.350, p < .01$), subjective happiness ($r = -.184, p < .01$), life satisfaction ($r = -.255, p < .01$), and flourishing ($r = -.226, p < .01$).

Furthermore, difficulties in emotion regulation was associated negatively associated with resilience ($r = -.588, p < .01$), subjective happiness ($r = -.534, p < .01$), life satisfaction ($r = -.387, p < .01$), and flourishing ($r = -.510, p < .01$). Resilience was positively correlated with subjective happiness ($r = .648, p < .01$), life satisfaction ($r = .558, p < .01$), and flourishing ($r = .699, p < .01$). Subjective happiness was strongly and positively correlated with both life satisfaction ($r = .585, p < .01$) and flourishing ($r = .632, p < .01$), and life satisfaction and flourishing were strongly correlated with each other ($r = .592, p < .01$).

Table 3*Descriptive Statistics for Major Variables of Interest*

Variable	<i>M</i> (SD)	Range
Perceived Parental Emotion Socialization		
Supportive	69.47 (20.88)	21-105
Unsupportive	32.1 (11.56)	15-75
Child Report of Parental Behavior Inventory (CRPBI)		
Acceptance vs. Rejection	23.38 (5.74)	10-30
Autonomy vs. Psychological Control	18.46 (5.62)	10-30
Difficulties in Emotion Regulation Scale (DERS)	97.34 (25.78)	37-180
Resilience Scale for Adults (RSA)	156.85 (28.22)	46-225
Well-Being		
Subjective Happiness Scale (SHS)	4.34 (1.29)	1-7
Satisfaction with Life Scale (SWLS)	42.44 (8.41)	8-56
Flourishing Scale (FS)	21.47 (6.91)	5-35

Table 4*Pearson Correlation Matrix for Study Variables in the Structural Equation Model*

Variable	1	2	3	4	5	6	7	8	9
1. EAC-S									
2. EAC-U	.043								
3. CRPBI-PW	.753**	-.130**							
4. CRPBI-PC	-.378**	.497**	-.510**						
5. DERS	-.158**	.301**	-.262**	.290**					
6. RSA	.440**	-.204**	.546**	-.350**	-.588**				
7. SHS	.295**	-.115**	.374**	-.184**	-.534**	.648**			
8. SWLS	.360**	-.066	.412**	-.255**	-.387**	.558**	.585**		
9. FS	.339**	-.107**	.396**	-.226**	-.510**	.699**	.632**	.592**	

Note. EAC = Emotions as Child Scale, S = Supportive emotion socialization, U = Unsupportive emotion socialization, CRPBI = Child Report of Parental Behavior Inventory, PW = Parental warmth, PC = Parental control, DERS = Difficulties in Emotion Regulation Scale, RSA = Resilience Scale for Adults, SHS = Subjective Happiness Scale, SWLS = Satisfaction with Life Scale, FS = Flourishing Scale.

** . Correlation is significant at $p < .01$.

Structural Equation Modeling

Structural equation modeling was conducted to examine associations between perceived parental factors (emotion socialization, parental warmth, parental control), resilience, and well-being (subjective happiness, life satisfaction, and flourishing), as well as the mediating role of emerging adult emotion regulation ability (see Figure 2).

Measurement Model

A confirmatory factor analysis (CFA) was conducted for the latent construct of well-being with three indicators: subjective happiness, satisfaction with life, and life flourishing. The measurement model was fully saturated (CFI = 1, TLI = 1, RMSEA = 0, SRMR = 0, degrees of freedom = 0), which yielded perfect fit indices. Complete saturation in a measurement model occurs due to having the same number of estimated parameters and the number of covariances and variances within the model, which indicates that the model lacks theoretical parsimony. However, the standardized estimates for the observed variables were high: .789, .738, and .802 for subjective happiness, life satisfaction, and flourishing, respectively and all three indicators significantly loaded onto the well-being latent construct (all $ps < .001$), indicating that well-being was well represented by the three indicators. Results for the measurement model are displayed in Table 5.

Structural model

The full structural model included supportive parental emotion socialization, unsupportive parental emotion socialization, parental warmth, and parental control as exogenous variables, and emotion dysregulation, resilience, and well-being as endogenous variables (see Figure 2). The structural model yielded good fit indices: CFI = .988, TLI = .969, RMSEA = .053, SRMR = .018, $\chi^2 = 30.334$, $p = .002$, degrees of freedom = 12. Results for the structural model

are displayed in Table 6 and 7. To explore the indirect paths by which parental emotion socialization, parental warmth, and parental control were linked to resilience and well-being, an SEM mediation analysis was conducted with emotion dysregulation as the mediator. Bootstrapped analyses with 5,000 samples and 95% confidence intervals were conducted and out of eight mediation analyses that were explored, four significant mediations were found within the model.

Emotion Dysregulation, Resilience, and Well-Being. In the SEM model, difficulties in emotion regulation were found to be significantly and negatively associated with the latent well-being variable ($\beta = -.453, p < .001, 95\% \text{ CI } [-.522, -.383]$), and resilience ($\beta = -.509, p < .001, 95\% \text{ CI } [-.573, -.441]$).

Unsupportive Parental Emotion Socialization, Emotion Dysregulation, Well-Being, and Resilience. The total effect of unsupportive parental emotion socialization on emerging adult well-being approached significance ($\beta = -.09, p = .055, 95\% \text{ CI } [-.164, -.003]$). The effect of unsupportive parental emotion socialization on well-being was nonsignificant after accounting for the effect of the mediator (the direct effect; $\beta = -.009, p = .799, 95\% \text{ CI } [-.063, .082]$). Thus, the indirect effect of unsupportive parental emotion socialization on well-being via emotion dysregulation was significant ($\beta = -.09, p < .001, 95\% \text{ CI } [-.138, -.044]$). Effect sizes (i.e., the proportion mediated by the mediator variable) were derived by dividing the indirect effect by the total effect (Miočević et al., 2018) and an effect size of 1 was obtained for this finding, indicating that 100% of the relationship between unsupportive parental emotion socialization and emerging adult well-being was mediated by emerging adult emotion dysregulation.

Similarly, the total effect of unsupportive parental emotion socialization on resilience was significant ($\beta = -.112, p < .05, 95\% \text{ CI } [-.207, -.018]$). The direct effect of unsupportive parental

emotion socialization on resilience was nonsignificant ($\beta = -.01, p = .809, 95\% \text{ CI } [-.091, .071]$), while the indirect effect of unsupportive parental emotion socialization on resilience via emotion dysregulation was significant, indicating a mediation ($\beta = -.102, p < .001, 95\% \text{ CI } [-.154, -.051]$). An effect size of .911 was derived, indicating that 91.1% of the relationship between unsupportive parental emotion socialization and resilience was explained by emotion dysregulation.

Parental Warmth, Emotion Dysregulation, Well-Being, and Resilience. There was a significant total effect of perceived parental warmth and emerging adult well-being ($\beta = .241, p < .001, 95\% \text{ CI } [.123, .360]$). There was also a significant direct effect of parental warmth and emerging adult well-being after taking the mediator into account ($\beta = .167, p < .01, 95\% \text{ CI } [.071, .269]$). Finally, there was a significant indirect effect of parental warmth on emerging adult well-being through emotion dysregulation ($\beta = .074, p < .05, 95\% \text{ CI } [.016, .132]$). An effect size of .307 was derived, indicating about 30.7% of the relationship between parental warmth and well-being was explained by emotion dysregulation.

The total effect of perceived parental warmth on emerging adults' resilience was significant ($\beta = .412, p < .001, 95\% \text{ CI } [.289, .539]$). After including the mediator, the direct effect of parental warmth on resilience was also significant ($\beta = .329, p < .001, 95\% \text{ CI } [.226, .439]$). The indirect effect of parental warmth on resilience via emotion dysregulation was significant ($\beta = .083, p < .05, 95\% \text{ CI } [.019, .146]$). An effect size of .201 was calculated, indicating approximately 20.1% of the relationship between parental warmth and emerging adult resilience can be explained by emotion dysregulation.

Supportive Parental Emotion Socialization, Emotion Dysregulation, Well-Being, and Resilience. The total effect of supportive parental emotion socialization on emerging adults'

well-being was significant ($\beta = .148, p = .01, 95\% \text{ CI } [.036, .257]$). After taking the mediator into account, the direct effect was also significant ($\beta = .147, p < .01, 95\% \text{ CI } [.051, .238]$) and there was no significant indirect effect of supportive parental emotion socialization and well-being through emotion dysregulation ($\beta = .001, p = .978, 95\% \text{ CI } [-.057, .057]$).

The total effect of supportive parental emotion socialization on emerging adults' resilience was significant ($\beta = .127, p < .05, 95\% \text{ CI } [.004, .252]$). The direct effect of supportive parental emotion socialization on resilience was significant ($\beta = .127, p = .013, 95\% \text{ CI } [.025, .225]$) and there was no significant indirect effect of supportive parental emotion socialization on emerging adults' resilience via emotion dysregulation ($\beta = .001, p = .978, 95\% \text{ CI } [-.062, .066]$).

Parental Control, Emotion Dysregulation, Well-Being, and Resilience. The total effect of perceived parental control on emerging adults' well-being was nonsignificant ($\beta = -.017, p = .728, 95\% \text{ CI } [-.077, .116]$). The direct effect of parental control on well-being was also nonsignificant ($\beta = .054, p = .198, 95\% \text{ CI } [-.026, .140]$), and there was no significant indirect effect of parental control on emerging adults' well-being through emotion dysregulation ($\beta = -.037, p = .154, 95\% \text{ CI } [-.089, .014]$).

Similarly, the total effect of parental control on emerging adults' resilience was nonsignificant ($\beta = -.033, p = .563, 95\% \text{ CI } [-.144, .081]$), as was the direct effect of parental control on resilience ($\beta = .008, p = .863, 95\% \text{ CI } [-.082, .102]$), and the indirect effect of parental control on resilience through emotion dysregulation ($\beta = -.042, p = .156, 95\% \text{ CI } [-.1, .016]$).

Table 5*Results for Latent Variable Measurement Model for Final SEM Model*

Latent Variable	Indicator	<i>B</i>	<i>SE (B)</i>	<i>Z</i>	<i>p</i>	<i>B*</i>
Well-Being	Subjective Happiness	.375	.034	10.946	< .001*	.789
	Life Satisfaction	.445	.034	13.117	< .001*	.738
	Flourishing	.357	.035	10.331	< .001*	.802

Note. *B** indicates standardized regression slope estimates. ***p* < .001

Table 6*Structural Regression Results from Final Model*

Endogenous variable	Exogenous variable	<i>B</i> *	<i>SE</i> (<i>B</i> *	<i>Z</i>	<i>p</i>	<i>B</i>
Emotion Dysregulation	Supportive parental emotion socialization	-.002	.064	-.027	.978	-.035
	Unsupportive parental emotion socialization	.2	.049	4.076	< .001**	.474
	Parental Warmth	-.163	.064	-2.542	.011*	-.822
	Parental Control	.082	.057	1.431	.153	.295
Resilience	Supportive parental emotion socialization	.127	.051	2.479	.013*	.182
	Unsupportive parental emotion socialization	-.01	.041	-.241	.809	-.034
	Parental Warmth	.329	.054	6.081	< .001**	1.581
	Parental Control	.008	.047	.173	.863	.041
Well-Being	Supportive parental emotion socialization	.147	.048	3.097	.002*	.010
	Unsupportive parental emotion socialization	-.009	.037	.254	.799	.000
	Parental Warmth	.167	.05	3.336	.001*	.036
	Parental Control	.054	.042	1.287	.198	.014

Note. *B** indicates completely standardized regression slope estimate, *B* indicates unstandardized regression slope estimate. **p* < .05, ***p* < .001

Table 7*Indirect Effect Results from Final Structural Model*

Indirect Effects	<i>B</i> *	<i>SE</i> (<i>B</i>)	<i>Z</i>	<i>p</i>
Unsupportive parental emotion socialization → Emotion dysregulation → Well-being	-.091	.024	-3.795	<.001**
Unsupportive parental emotion socialization → Emotion dysregulation → Resilience	-.102	.026	-3.901	<.001**
Parental warmth → Emotion dysregulation → Well-being	.074	.030	2.493	.013*
Parental warmth → Emotion dysregulation → Resilience	.083	.033	2.538	.011*
Supportive parental emotion socialization → Emotion dysregulation → Well-being	.001	.029	0.027	.978
Supportive parental emotion socialization → Emotion dysregulation → Resilience	.001	.033	.027	.978
Parental control → Emotion dysregulation → Well-being	-.017	.049	.348	.728
Parental control → Emotion dysregulation → Resilience	-.033	.058	-.579	.563

Note. *B** indicates completely standardized regression slope estimate. **p* < .05, ***p* < .001

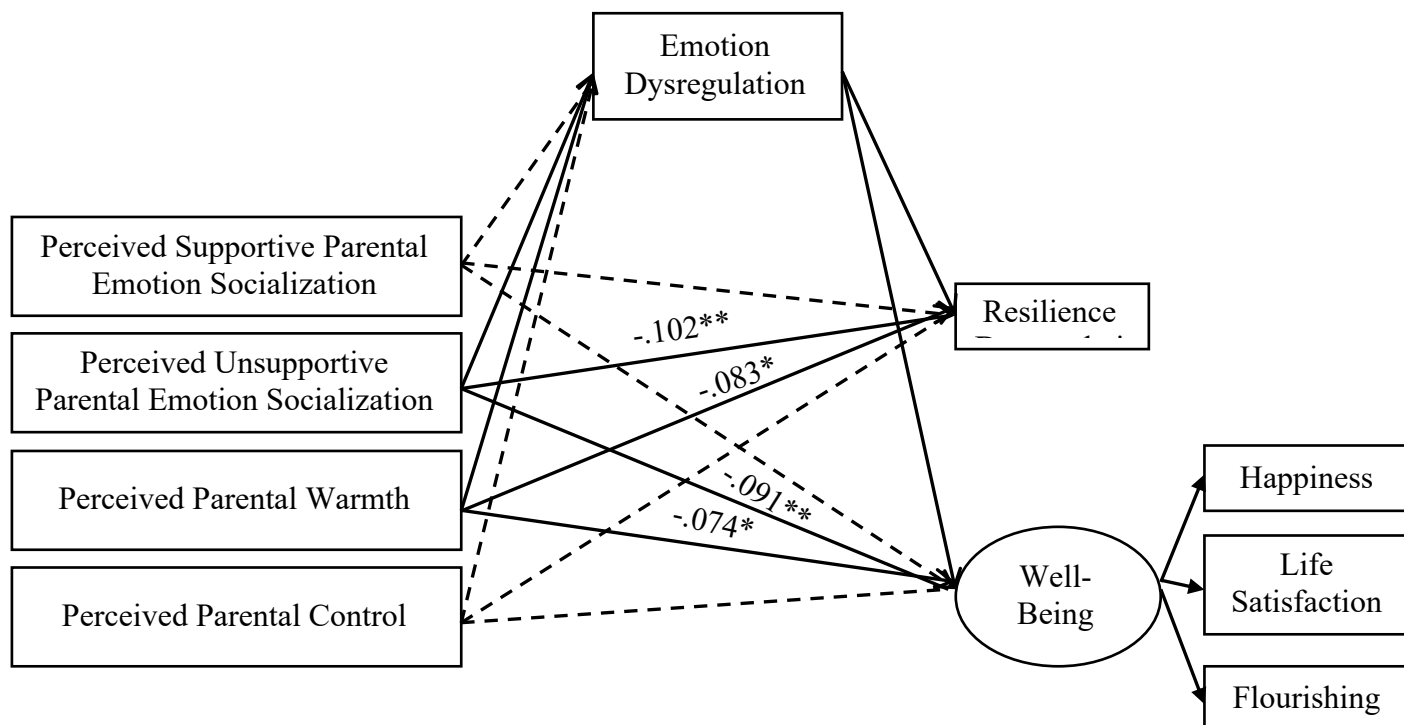


Figure 2. Full structural equation model examining the associations between perceived parental factors, emerging adult resilience, and emerging adult well-being, with emerging adult emotion dysregulation as a mediator. Solid lines indicate significant relationships and dashed lines indicate nonsignificant relationships. Standardized beta coefficients are displayed for significant indirect relationships. See Table 6 for standardized beta coefficients for all relationships within the model.

** . Indirect effect is significant at $p < .01$.

* . Indirect effect is significant at $p < .05$.

Discussion

The primary objective of the study was to investigate the associations between perceived parental factors including supportive and unsupportive emotion socialization, parental warmth, and parental control, and emerging adult factors including resilience and well-being (i.e., subjective happiness, life satisfaction, and flourishing), and whether emerging adult emotion dysregulation mediated these relationships. We hypothesized that supportive parental emotion socialization and parental warmth would be positively associated with resilience and well-being and that emotion dysregulation would partially mediate these relationships. Additionally, we also hypothesized that unsupportive parental emotion socialization and parental control would be negatively associated with resilience and well-being, and that emotion dysregulation would partially mediate these relationships. Preliminary correlational analyses indicated potentially significant relationships between perceived parental factors, emerging adult emotion dysregulation, resilience, and well-being. Further, mediational analyses indicated that emotion dysregulation mediated the associations between unsupportive parental emotion socialization and emerging adult resilience and well-being, as well as parental warmth and emerging adult resilience and well-being.

Unsupportive Parental Emotion Socialization, Emotion Dysregulation, Well-Being and Resilience.

One of the aims of the study was to investigate the associations between perceived unsupportive parental emotion socialization practices and positive outcomes (i.e., resilience and well-being) among emerging adults, which is understudied in the research literature. The SEM analysis revealed that the unique effect of unsupportive parental emotion socialization on emerging adults' well-being was approaching significance, meaning that emerging adults who

perceived their parent to engage in more unsupportive emotion socialization behaviors (e.g., neglecting or dismissing their negative emotions) were more likely to experience reduced feelings of happiness, life satisfaction, and flourishing (i.e., experiencing positive emotions, social relationships, and a fulfilling and meaningful life). Furthermore, consistent with our hypotheses, we found that emotion regulation ability was a significant mediator within this relationship. In other words, an emerging adult who reported increased unsupportive emotion socialization behaviors from their parent were less able to manage their emotions adaptively, and in turn, experienced reduced well-being. In the current analysis, emotion dysregulation fully mediated the relationship between unsupportive parental emotion socialization and emerging adults' well-being. However, association between unsupportive parental emotion socialization and well-being was small, which indicates minor practical significance and may warrant further investigation in future research.

Furthermore, unsupportive parental emotion socialization was associated with emerging adults' resilience. For example, an emerging adult who reported higher levels of unsupportive parental emotion socialization were more likely to report lower resilience. Emotion regulation ability was revealed to be a mechanism through which unsupportive parental emotion socialization is associated with resilience, wherein emerging adults who reported higher unsupportive behaviors from the parents had more difficulties regulating their emotions, which in turn, led to decreased resilience.

Few known studies have investigated the relationship between unsupportive parental practices and *positive* outcomes in emerging adulthood as well as the mediating effect of emotion regulation ability. For instance, most studies have focused on the impact of parental socialization processes on emotional competence and have found that unsupportive parental emotion

socialization practices (e.g., minimizing, dismissing, or punishing their child's negative emotions) are linked to poorer outcomes in youth such as, poorer emotion regulation skills, increased psychopathology, maladjustment, and externalizing symptoms (for example, Garside, Klimes-Dougan, 2002; Shortt et al., 2016). The findings in the current study expand on the current literature by suggesting that unsupportive parental emotion socialization has implications for risk for emotion dysregulation, which in turn, impacts positive and strength-based outcomes, such as resilience and well-being.

Parental Warmth, Emotion Dysregulation, Well-Being, and Resilience

Another objective of the study was to investigate the effects of parental warmth on emerging adult resilience and well-being, and whether emotion dysregulation mediated this relationship. Consistent with my hypotheses, parental warmth significantly impacted emerging adults' well-being and resilience, and both relationships were significantly mediated by emotion regulation ability. In other words, emerging adults who perceived their caregivers as warm and responsive, were less likely to experience challenges with their emotion regulation, which led to experiencing higher levels of resilience and subjective happiness, life satisfaction, and flourishing. Previous literature has identified emotion regulation as a mediator in the link between parenting style and poor mental health in emerging adults. Rodriguez, Tucker, & Palmer (2016) found that emotion regulation mediated the association between authoritative parenting (e.g., parenting behaviors that are consistent with high parental warmth) and emerging adult internalizing symptoms. Thus, the findings of the current study expand on previous literature focusing on negative mental health functioning, by suggesting that emotion dysregulation may be an important mediator in the link between parental warmth and *positive* well-being and resilience in emerging adults. These findings further support the notion that parental warmth is a

significant and powerful parenting behavior that is important for fostering emotion regulation skills and well-being among emerging adults.

Supportive Parental Emotion Socialization, Emotion Regulation, Resilience, and Well-Being

Another objective of the study was to explore the associations between supportive parental emotion socialization, resilience, and well-being, and whether emotion dysregulation mediated these links. Consistent with my hypotheses, supportive parental emotion socialization behavior impacted both emerging adults' well-being and resilience. More specifically, emerging adults who indicated that their caregivers were more validating and attentive to their negative emotions experienced higher levels of well-being and resilience. Previous literature has found that increased supportive parenting behaviors are linked to decreased internalizing symptoms in adolescents (Stocker et al., 2007; Kehoe et al., 2014), while less was known about the impact of supportive parental socialization behaviors on positive well-being in emerging adults. The findings of the current study contribute to this body of literature and suggests that supportive caregiver emotion socialization practices have unique and significant impacts on emerging adult resilience and well-being.

However, contrary to my hypotheses, emotion dysregulation did not explain the association between supportive parental emotion socialization and resilience and well-being. These findings may suggest that there could be other mechanisms that are responsible for the link between supportive socialization practices and emerging adult well-being and resilience. For instance, parents who engage in supportive emotion socialization behaviors might facilitate a more positive and warm family environment overall, which could contribute to the child's experience of positive emotions, competency, life satisfaction, and resilience.

Parental Control, Emotion Regulation, Resilience, and Well-Being

Finally, another aim of the study was to investigate the association between perceived parental control and emerging adult resilience and well-being, and whether emotion dysregulation mediated these links. I hypothesized that parental control would be associated with lower levels of resilience and emerging adult well-being, and that emotion dysregulation may serve as a potential mechanism explaining these links. This is due to the notion that parents who are more controlling over their children may result in decreased opportunities for their child to learn how to manage their emotions, which will increase the likelihood for reduced well-being (Luebbe et al., 2014). However, there was no significant association between perceived parental control on emerging adults' well-being or resilience. The findings of the current study may be explained by the fact that specific parenting behaviors such as, asserting power, withdrawing care, and using guilt tactics have less of an impact on emerging adults compared to children and adolescents, since emerging adults typically gain more autonomy as they mature (Lane et al., 2017). In addition, although previous studies have found significant links between parental control and negative symptoms such as, internalizing and externalizing problems, parental control may have less impact on *positive* well-being and resilience, which were the focus of the current study. This could be due to the idea that caregivers who do not engage in high levels of parental control may not necessarily be engaging in active, adaptive parenting practices. In other words, just because parents are not using guilt or withdrawing autonomy from their children, it does not mean that they are engaging in positive behaviors such as, high warmth and nurturing, which are likely to promote healthy adjustment and positive well-being in offspring.

Strengths, Limitations, and Future Directions for Research

The present study investigated the associations between perceived parental factors and emerging adult resilience and well-being, and the potential underlying mechanism of emotion regulation ability within these relationships. As a majority of the research has focused on children and adolescents, this is one of the few studies to investigate these factors in an emerging adult population. Furthermore, few studies have investigated and validated the role of emotion dysregulation as a potential mediator within these relationships regarding parental behaviors and emerging adult *positive* outcomes such as, well-being and resilience. Additionally, the few studies that have been conducted on young adults have investigated retrospective parenting practices (e.g., Nelson et al., 2011), whereas the present study focused on current parenting practices, which reduces reporting errors due to memory bias and contributes to a greater understanding of optimal parenting practices during emerging adulthood. The sample size was large and diverse, and the results revealed important implications for parenting and emotion regulation ability in emerging adulthood.

Although there are several strengths of the study, there are limitations that must be acknowledged and addressed in future research. Firstly, the study utilized a cross-sectional design, which limits the ability to infer causation and to monitor change over time. For instance, using a longitudinal design is beneficial to understand changes in parenting practices across various developmental periods (e.g., childhood, adolescence, emerging adulthood), changes in emotion regulation, and developmental outcomes from childhood through to emerging adulthood. It may be that parenting practices could have both current and long-term impacts on emotion regulation ability, which in turn affects resilience and well-being through emerging adulthood. Secondly, the method of data collection utilized single-informant, self-report surveys,

which limits the scope of observed parenting practices. Thus, future research can incorporate multi-informant sources and collect information from both emerging adults and their caregivers to gain a more accurate and comprehensive report of parenting behaviors. Moreover, although the overall sample demographics were diverse, participants were recruited from a single site, which was an urban university in Canada, and thus, these findings must be taken into consideration when inferring external validity and generalizability. Additionally, there was a disproportionate representation of gender in the sample, with over 75% of the sample being female. This may introduce some differences in the findings as research suggests that women are more likely to express emotions and engage in various emotion regulation strategies such as, reappraisal, problem-solving, and rumination (for a review, see Nolen-Hoeksema, 2012). Thus, there may be differences in emotion regulation ability among men and women, which may differentially affect well-being outcomes. In addition to individual emotion regulation ability, there may also be gender differences regarding parenting styles and caregiver responses. For instance, some studies found that mothers and fathers were more likely to discuss emotions (particularly negative ones such as sadness) overall, and in the context of social relationships with their daughters more often than their sons (Adams et al., 1995; Fivush et al., 2000).

Furthermore, the gender of the parent may also play a role in differential outcomes as mothers and fathers typically engage in different socialization and parenting practices. For instance, fathers have been found to engage in more minimizing behaviors towards their child's negative emotions, while mothers tended to encourage more emotional expressiveness and problem-solving strategies (Cassano, Perry-Parrish, & Zeman, 2007). In the current study, majority of participants reported their mother as their primary caregiver. Thus, the findings should be interpreted while taking into consideration the differential parenting between mothers

and fathers. Thus, there may be a complexity to these relationships regarding parental factors, emotion regulation, and well-being through gender of both the parent and child. Future research can address these complexities through examining parenting practices and emotion regulation between different genders of emerging adults and their parents.

Another important limitation and consideration for future research is to investigate cultural differences in parenting and emotion regulation styles among emerging adults. For instance, in my study, one aspect of supportive emotion socialization was encouraging expression of negative emotions, while unsupportive emotion socialization was characterized by the minimization or dismissal of negative emotions. It is important to recognize that these characteristics of supportive versus unsupportive practices may only apply to Western, individualistic cultures, where expression of emotions is considered adaptive and healthy, while collectivistic cultures (for instance, many East Asian cultures), which value conformity and obedience, are more likely to value suppression of negative emotions to maintain harmony (Hofstede, 2001). Thus, culture may affect the way emotions are displayed and regulated due to differences in worldviews and values. Furthermore, parenting practices also differ across cultures and have differential outcomes for development. For instance, higher levels of parental control have been reported in Chinese parents compared to American parents, although this did not have a negative impact on their school performance or their perception of closeness to their caregiver, which was the opposite finding in a European American sample (Chao, 2001). However, findings comparing different cultures are mixed, where some researchers have posited that authoritarian parenting styles (e.g., high levels of control and low levels of warmth) may facilitate positive outcomes for adjustment in Chinese youth (Chiu, 1987; Ekblad, 1988), whereas other researchers have argued that outcomes regarding youth adjustment are similar in

both Chinese and Western cultures (Chen, Dong, & Zhou, 1997). Nevertheless, it is important to investigate potential cultural differences, as well as variations in emotion regulation ability and well-being due to acculturation. The current study included a diverse sample with various ethnic backgrounds and thus, examining these potential differences would have been important in understanding how parenting and emotion regulation vary across cultures. Furthermore, understanding and appreciating these cultural differences is important for informing clinical treatments as practitioners should use this knowledge to implement culturally sensitive interventions that are tailored to meet the needs and goals of the individual that they are working with.

Lastly, there may have been other factors or variables which contribute to differences in these outcomes or may serve as potential underlying mechanisms for the relationships between parental factors and emerging adult well-being and resilience. For instance, caregivers' own emotion regulation ability may play an important role where parents who engage in poor emotion regulation ability themselves may model and promote these behaviors in their children. Future research may include a measure of caregiver emotion regulation ability to gain an understanding of how this may be related to their own parenting style, as well as their child's emotion regulation ability and well-being. In addition, there may be other individual- and environment-specific factors that may mediate the relationship between perceived parenting styles and well-being outcomes such as, self-esteem, parent-child relationship quality, and overall family climate. Future research should aim to explore other factors that may act as mechanisms underlying the relationships between perceived parenting behaviors and well-being outcomes.

Implications of the Present Study

The present study contributes to a gap in the literature and provides a greater understanding of the relationships between perceived parental factors and well-being and resilience in emerging adults, which is a widely understudied population within this line of research. Although emerging adulthood marks a period of increased autonomy and independence, parents may remain important figures in supporting their children through this developmental stage. Furthermore, this is one of the few studies to examine these relationships from a mediational perspective, with emotion dysregulation as a potential underlying mechanism. The study supported the role of specific parenting behaviors as being especially influential for well-being and resilience in emerging adulthood. For instance, caregivers who engage in high levels of warmth (e.g., being responsive, caring, and nurturing) are more likely to promote higher levels of subjective happiness, life satisfaction, and flourishing in emerging adults, and this path may be explained by the impact of parental warmth on emerging adult emotion regulation ability. Thus, the present study has implications for clinical practice, as it can inform treatment or workshop programs targeted for families to assess and enhance emotion regulation and well-being through fostering adaptive parenting skills that promote high levels of warmth and supportive socialization practices, and low level of unsupportive socialization behaviors. As emerging adulthood is a period where psychosocial difficulties emerge and peak, it is important to attend to emerging adults' mental health and well-being and including caregivers may be an important aspect of implementing preventative measures through education and intervention efforts through treatment programs for families.

Conclusion

Emerging adulthood is an important transitional period marked by increased psychological distress compared to other developmental periods. Although parents contribute to their child's psychosocial functioning during emerging adulthood, less is known about the specific ways in which they affect emerging adults' emotion regulation ability, resilience, and positive well-being. This study examined the relations among perceived parental emotion socialization, parental warmth, parental control, and emerging adult resilience and well-being, and whether emotion regulation mediated these associations. Results from the study found that emotion dysregulation mediated the links between perceived unsupportive parental emotion socialization and emerging adult resilience and well-being, as well as the links between perceived parental warmth and emerging adult resilience and well-being. The findings of this study contribute to the body of literature investigating the effects of parental practices on emotion regulation development, resilience, and well-being. Additionally, this research addresses a gap in the research by investigating these factors in an emerging adult sample, where less is known about the effects of parenting on well-being and emotion regulation ability. Further research is needed to comprehensively examine the role of parental emotion regulation ability, other potential individual and environmental mechanisms, gender, and culture within these relationships.

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Appendix A

PSYC 1010 Consent Form

Study Name: Parental Factors and Emotion Socialization on Well-Being in Emerging Adults: The Mediating Effect of Emotion Regulation

Researchers: Dr. Jennine S. Rawana 131 BSB rawana@yorku.ca
Kate Y. Lee 133D BSB katelee@yorku.ca

Purpose of the Research: The purpose of the study is to examine the effects of parenting on our well-being and how we manage our emotions.

What You Will Be Asked to Do in the Research: This study consists of an online survey asking you questions regarding yourself and a primary caregiver. For example, the survey will ask you to recall events where you felt sad, angry, or fearful, questions about your relationship with your primary caregiver, your emotions, and how you manage your emotions. Some demographic information will also be collected. It will take approximately 20 minutes to complete the survey. You will be eligible to receive 0.5 PSYC 1010 course credit.

Risks and Discomforts: We do not foresee any risks or discomfort from your participation in the research. Some people may experience some discomfort or distress while completing some questions related to their emotions and relationship with their caregiver. If you do become distressed, please contact the Counselling & Development Centre at York University (Phone: 416-736-5297; Location: N110 Bennett Centre for Student Services). At the end of the survey, you will also be provided with a list of other local counselling and mental health resources.

Benefits of the Research and Benefits to You: You may or may not benefit directly from this research. Benefits of participating in the study are bonus credits that go towards your PSYC 1010 grade and gaining experience participating in psychology research. This study will also provide valuable information about the effects of parenting on emotion regulation in university students. The study is also timely as we can learn more about the importance of parenting and emotion regulation during a time where university students might be staying at home more with their caregivers or experiencing increased stress as a result of the COVID-19 pandemic.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers, study staff, or York University either now, or in the future. If you stop participating, you will still be eligible to receive the promised compensation and credits for agreeing to be in the project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All information and responses you supply during the research will be kept anonymous and confidential by the researchers. Data will be stored online on a secured website and will be transferred to Dr. Jennine Rawana's secure research server. Data files will be password protected. Data will be stored electronically for seven years, at which point the data will be destroyed. Data files without identifying information be kept indefinitely at York University. **Confidentiality will be provided to the fullest extent possible by law.** Your name will not be linked with your answers and only research staff will have access to the data.

The data collected in this research project may be used – in an anonymized form - by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will

still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

We acknowledge that the host of the online survey (e.g., Qualtrics, Survey Monkey etc.) may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant's consent on the researchers' system. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Kate Lee (katelee@yorku.ca) or Dr. Jennine Rawana either by telephone at 416-736-2100 ext. 20771, or by email (rawana@yorku.ca). This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Please select below that you "agree" or "disagree" to participate in this study. By selecting "agree" and continuing to complete this survey online, you are providing your consent to participate in this study and indicating you have read this Consent Form. Thank you.

Response Options:

I agree or disagree to participating in this study.

Non-PSYC 1010 Consent Form

Study Name: Parental Factors and Emotion Socialization on Well-Being in Emerging Adults: The Mediating Effect of Emotion Regulation

Researchers: Dr. Jennine S. Rawana 131 BSB rawana@yorku.ca
Kate Y. Lee 133D BSB katelee@yorku.ca

Purpose of the Research: The purpose of the study is to examine the effects of parenting on our well-being and how we manage our emotions.

What You Will Be Asked to Do in the Research: This study consists of an online survey asking you questions regarding yourself and a primary caregiver. For example, the survey will ask you to recall events where you felt sad, angry, or fearful, questions about your relationship with your primary caregiver, your emotions, and how you manage your emotions. Some demographic information will also be collected. It will take approximately 20 minutes to complete the survey. In exchange for your participation, you will be entered in a raffle to win 1 of 5 \$25 Tim Hortons' gift cards.

Risks and Discomforts: We do not foresee any risks or discomfort from your participation in the research. Some people may experience some discomfort or distress while completing some questions related to their emotions and relationship with their caregiver. If you do become distressed, please contact the Counselling & Development Centre at York University (Phone: 416-736-5297; Location: N110 Bennett Centre for Student Services). At the end of the survey, you will also be provided with a list of other local counselling and mental health resources.

Benefits of the Research and Benefits to You: You may or may not benefit directly from this research. Benefits of participating in the study are the chance of winning a Tim Hortons' gift card and gaining experience in psychology research. This study will also provide valuable information about the effects of parenting on emotion regulation in university students. The study is also timely as we can learn more about the importance of parenting and emotion regulation during a time where university students might be staying at home more with their caregivers or experiencing increased stress as a result of the COVID-19 pandemic.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers, study staff, or York University either now, or in the future. If you stop participating, you will still be eligible to receive the promised compensation for agreeing to be in the project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All information and responses you supply during the research will be kept anonymous and confidential by the researchers. Data will be stored online on a secured website and will be transferred to Dr. Jennine Rawana's secure research server. Data files will be password protected. Data will be stored electronically for seven years, at which point the data will be destroyed. Data files without identifying information be kept indefinitely at York University. **Confidentiality will be provided to the fullest extent possible by law.** Your name will not be linked with your answers and only research staff will have access to the data.

The data collected in this research project may be used – in an anonymized form - by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

We acknowledge that the host of the online survey (e.g., Qualtrics, Survey Monkey etc.) may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant's consent

on the researchers' system. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Kate Lee (katelee@yorku.ca) or Dr. Jennine Rawana either by telephone at 416-736-2100 ext. 20771, or by email (rawana@yorku.ca). This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Please select below that you “agree” or “disagree” to participate in this study. By selecting “agree” and continuing to complete this survey online, you are providing your consent to participate in this study and indicating you have read this Consent Form. Thank you.

Response Options:

I agree or disagree to participating in this study.

Appendix B

Debriefing Information for Research Participants

We would like to thank you for completing our Survey study on feelings and behaviours experienced while attending university. The questions that you have answered pertaining to your relationship with your caregiver, your feelings, and how you cope with your emotions will help us identify some common problems and strengths experienced in undergraduates. Some of the questions in this survey may have made you feel uncomfortable or distressed. If you are or anyone you know is feeling depressed or psychologically distressed, there is help available. Below is contact information for some helpful services if you are feeling psychologically depressed or distressed.

Before we end this study, we would like to please not talk about this study with anyone. There are many other people who have not participated in this study yet. If they hear from you or others about what the study is about, it may influence their responses. Our results may not be accurate. We hope that you will cooperate with us in this regard. Questions related to this study can be sent to katelee@yorku.ca.

If you would like to learn more about parenting and emotion regulation, please read the following articles:

Nelson, L. J., Padilla-Walker, L. M., Christensen, K. J., Evans, C. A., & Carroll, J. S. (2011). Parenting in emerging adulthood: An examination of parenting clusters and correlates. *Journal of youth and adolescence*, 40(6), 730-743.

https://idp.springer.com/authorize/casa?redirect_uri=https://link.springer.com/content/pdf/10.1007/s10964-010-9584-8.pdf&casa_token=Z1cvhBFgdPoAAAAA:fF8WDcdCMgi-QfZOdxra-kMs56_gMx0PoEeJgAyLH8rhGqNgLm42e_Q-4FamBsC71IcZPdAG1QoE7M

Rawana, J. S., Flett, G. L., McPhie, M. L., Nguyen, H. T., & Norwood, S. J. (2014). Developmental trends in emotion regulation: A systematic review with implications for community mental health. *Canadian Journal of Community Mental Health*, 33, 31-44.

<http://ezproxy.library.yorku.ca/login?url=http://search.proquest.com/docview/1606064480?accountid=15182>

Thank you.

Other Counselling Services in the GTA:

1. Toronto Psychological Services 416-531-0727 www.toronto-ps.com
2. Distress Centre of Toronto 416-408-4357 (HELP)
3. Help Line for All Youth HEYY 416-423-4399 (HEYY)
4. Good 2 Talk (for post-secondary students) 1-866-925-5454 <http://www.good2talk.ca/>

5. York University - Personal Counselling Services (PCS). Located in Counselling & Disability Services (CDS) in N110 Bennett Centre for Student Services, and can also be reached by phone at 416-736-5297 or <http://pcs.info.yorku.ca/in-case-of-crisis/>
6. The Freedom from Fear Foundation in Toronto is an organization established to help people with anxiety disorders. They have a network of support groups set up throughout Ontario 416-761-6006
7. Drug & Alcohol Registry of Treatment (DART)/Treatment info-line 1-800-565-8603
8. The National Eating Disorder Information Centre has a national register of private therapists, medical programs, and information 416-340-4156
9. Mood Disorders Association of Ontario 416-486-8046 OR call TOLL-FREE at 1-888-486-8236
10. A.C.C.E.S. (Accessible Community Counselling and Employment Services) Toronto: 416-921-1800 Scarborough: 416-431-5326 Mississauga: 905-361-2522
11. Family Services Association of Toronto 416-595-9230

For a list of more health, social, community, and/or government community resources/services, you can access it via www.211toronto.ca or you can dial 2-1-1 in Toronto 24 hours a day. This phone number is free, confidential, and the trained staff is multilingual.

Appendix C

Demographic Questionnaire

1. URPP ID# _____
2. What is your birth date? (dd/mm/yyyy)
3. Please indicate your identified gender:
 - Male
 - Female
 - Non-binary
 - Transgender
 - Two-spirit
 - Other; please specify: _____
 - Prefer not to answer
4. What year of undergraduate studies are you in?
 - 1st year
 - 2nd year
 - 3rd year
 - 4th year
 - 5th year or above
 - Other; please specify: _____
5. What is the highest level of education you have completed?
 - Less than high school diploma
 - High school diploma
 - Some college or university
 - College diploma
 - Bachelor's degree
 - Some post graduate studies (e.g., MA or PhD)
 - Graduate degree (e.g. MA or PhD)
 - Prefer not to answer/not applicable
6. What is the highest level of education that your parent(s) has/have completed?

Parent 1	Parent 2	
<input type="radio"/>	<input type="radio"/>	Less than high school
<input type="radio"/>	<input type="radio"/>	High school diploma
<input type="radio"/>	<input type="radio"/>	Some college or university studies
<input type="radio"/>	<input type="radio"/>	College diploma
<input type="radio"/>	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	<input type="radio"/>	Some post graduate studies (e.g., Masters, PhD)
<input type="radio"/>	<input type="radio"/>	Graduate degree (e.g., Masters, PhD)

Prefer not to answer/not applicable

7. What is your total annual household income? *Please include yourself and family members you live with.*
- \$0 - \$24,999
 - \$25,000 - \$49,999
 - \$50,000 - \$74,999
 - \$75,000 - \$99,999
 - \$100,000 - \$124,999
 - \$125,000 - \$149,999
 - \$150,000 - \$174,999
 - \$175,000 - \$199,999
 - \$200,000 and up
 - Prefer not to answer
8. Where do you live?
- Parent/guardians home
 - Residence
 - Off campus
 - Other; please specify: _____
 - Prefer not to answer
9. With whom do you currently live?
- Parents/guardians
 - Other relatives/siblings
 - With peers
 - With partner
 - Alone
 - Other; please specify:
 - Prefer not to answer
10. Please indicate your ethnicity: (check one)
- Black (e.g. Africans and African heritage people from the Carribean, Americas, Europe)
 - East Asian (e.g. Chinese, Japanese, Korean, etc.)
 - Hispanic or Latinx (including Indigenous persons from Central and South America)
 - Indigenous Peoples of North America
 - Indo-Carribean (e.g. Trinidadian, Guyanese, etc.)
 - Persons of mixed origin (e.g., with one parent member of a visible minority group)
 - South Asian (Indian, Pakistani, Bangladeshi, etc.)
 - Southeast Asian (Filipino, Thai, Vietnamese, etc.)
 - West Asian (Iranian, Lebanese, Afghan, etc.)
 - White/Caucasian
 - Other; please specify: _____

Prefer not to answer

11. Were you born in Canada?

Yes

No; please specify where: _____

Prefer not to answer

12. How long have you lived in Canada (years)?

Appendix D

The Emotions as A Child Scale (EAC)

For the next several questions, you will answer questions based on one of your parents/caregivers. Please choose a **primary caregiver** (e.g. who you go to for emotional support):

- Mother
- Father
- Other; please specify: _____

The Emotions as A Child Scale

For this measure, please think of the emotions that you experienced over the past month. Most people feel and show a variety of emotions. You have probably felt sad, angry, fearful, and overjoyed recently. You may have experienced these emotions once or more than once in recent weeks.

A. Over the past month, how OFTEN did you feel these emotions?

	Never	Not Very Often	Sometimes	Often	Very Often
1. You feel sad or down .	1	2	3	4	5
2. You feel angry or frustrated .	1	2	3	4	5
3. You feel fearful or anxious .	1	2	3	4	5
4. You feel overjoyed or overexcited .	1	2	3	4	5

A parent can respond to a child's emotions in many different ways. For each item on this scale, please think back over the past month and indicate how often your parent responds to your emotions in the way described.

If you can't remember showing a specific emotion within the past month, please imagine experiencing the emotion and think about what would be your parent's likely response.

Please answer the questions according to the parent/caregiver you indicated on the previous question.

B. Think of a few times when you felt **SAD** or **DOWN** during the past month. When you felt **SAD** or **DOWN** over the past month, how often did your parent/caregiver respond in these ways?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I was sad , my parent/caregiver responded to my sadness.	1	2	3	4	5
2. When I was sad , my parent/caregiver told me to stop being sad.	1	2	3	4	5
3. When I was sad , my parent/caregiver helped me deal with the issue that made me sad.	1	2	3	4	5
4. When I was sad , my parent/caregiver got <u>very</u> sad.	1	2	3	4	5
5. When I was sad , my parent/caregiver told me that I was acting younger than my age.	1	2	3	4	5
6. When I was sad , my parent/caregiver asked me what made me sad.	1	2	3	4	5
7. When I was sad , my parent/caregiver told me not to worry.	1	2	3	4	5
8. When I was sad , my parent/caregiver expressed that s/he was <u>very</u> sad.	1	2	3	4	5
9. When I was sad , my parent/caregiver let me know s/he did not approve of my being sad.	1	2	3	4	5
10. When I was sad , my parent/caregiver bought me something I liked.	1	2	3	4	5
11. When I was sad , my parent/caregiver told me to cheer up.	1	2	3	4	5
12. When I was sad , my parent/caregiver took time to focus on me.	1	2	3	4	5
13. When I was sad , my parent/caregiver got <u>very</u> upset.	1	2	3	4	5
14. When I was sad , my parent/caregiver did not pay attention to my sadness.	1	2	3	4	5

15. When I was sad , my parent/caregiver comforted me.	1	2	3	4	5
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C. Think of a few times when you felt **ANGRY** or feeling **FRUSTRATED** during the past month. When you felt **ANGRY** or **FRUSTRATED** over the past month, what did your parent/caregiver do?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I was angry , my parent/caregiver responded to my anger.	1	2	3	4	5
2. When I was angry , my parent/caregiver told me to stop being angry.	1	2	3	4	5
3. When I was angry , my parent/caregiver helped me deal with the issue that made me angry.	1	2	3	4	5
4. When I was angry , my parent/caregiver got <u>very</u> angry.	1	2	3	4	5
5. When I was angry , my parent/caregiver told me that I was acting younger than my age.	1	2	3	4	5
6. When I was angry , my parent/caregiver asked me what made me angry.	1	2	3	4	5
7. When I was angry , my parent/caregiver told me not to worry.	1	2	3	4	5
8. When I was angry , my parent/caregiver expressed that s/he was <u>very</u> angry.	1	2	3	4	5
9. When I was angry , my parent/caregiver let me know s/he did not approve of my being angry.	1	2	3	4	5
10. When I was angry , my parent/caregiver bought me something I liked.	1	2	3	4	5
11. When I was angry , my parent/caregiver told me to cheer up.	1	2	3	4	5
12. When I was angry , my parent/caregiver took time to focus on me.	1	2	3	4	5
13. When I was angry , my parent/caregiver got <u>very</u> upset.	1	2	3	4	5
14. When I was angry , my parent/caregiver did not pay attention to my anger.	1	2	3	4	5
15. When I was angry , my parent/caregiver comforted me.	1	2	3	4	5

D. Think of a few times when you were feeling **FEARFUL** or **ANXIOUS** during the past month. When you were feeling **FEARFUL** or **ANXIOUS** over the past month, what did your parent/caregiver do?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I was fearful or anxious , my parent/caregiver responded to my fear or anxiety.	1	2	3	4	5
2. When I was fearful , my parent/caregiver told me to stop being fearful.	1	2	3	4	5
3. When I was fearful , my parent/caregiver helped me deal with the issue that made me fearful.	1	2	3	4	5
4. When I was fearful , my parent/caregiver got <u>very</u> fearful.	1	2	3	4	5
5. When I was fearful , my parent/caregiver told me that I was acting younger than my age.	1	2	3	4	5
6. When I was fearful , my parent/caregiver asked me what made me fearful.	1	2	3	4	5
7. When I was fearful , my parent/caregiver told me not to worry.	1	2	3	4	5
8. When I was fearful , my parent/caregiver expressed that s/he was <u>very</u> fearful.	1	2	3	4	5
9. When I was fearful , my parent/caregiver let me know s/he did not approve of my being fearful.	1	2	3	4	5
10. When I was fearful , my parent/caregiver bought me something I liked.	1	2	3	4	5
11. When I was fearful , my parent/caregiver told me to cheer up.	1	2	3	4	5
12. When I was fearful , my parent/caregiver took time to focus on me.	1	2	3	4	5
13. When I was fearful , my parent/caregiver got <u>very</u> upset.	1	2	3	4	5
14. When I was fearful , my parent/caregiver did not pay attention to my fear.	1	2	3	4	5
15. When I was fearful , my parent/caregiver comforted me.	1	2	3	4	5

E. Think of a few times when you felt **OVERJOYED** or **OVEREXCITED** during the past month. When you felt **OVERJOYED** or **OVEREXCITED** over the past month, what did your parent/caregiver do?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I was overjoyed or overexcited , my parent/caregiver responded to my being overjoyed or overexcited.	1	2	3	4	5
2. When I was overjoyed , my parent/caregiver told me to stop being overjoyed.	1	2	3	4	5
3. When I was overjoyed , my parent/caregiver helped me deal with the issue that made me overjoyed.	1	2	3	4	5
4. When I was overjoyed , my parent/caregiver got <u>very</u> overjoyed.	1	2	3	4	5
5. When I was overjoyed , my parent/caregiver told me that I was acting younger than my age.	1	2	3	4	5
6. When I was overjoyed , my parent/caregiver asked me what made me overjoyed.	1	2	3	4	5
7. When I was overjoyed , my parent/caregiver told me not to worry.	1	2	3	4	5
8. When I was overjoyed , my parent/caregiver expressed that s/he was <u>very</u> overjoyed.	1	2	3	4	5
9. When I was overjoyed , my parent/caregiver let me know s/he did not approve of my being overjoyed.	1	2	3	4	5
10. When I was overjoyed , my parent/caregiver bought me something I liked.	1	2	3	4	5
11. When I was overjoyed , my parent/caregiver told me to cheer up.	1	2	3	4	5
12. When I was overjoyed , my parent/caregiver took time to focus on me.	1	2	3	4	5
13. When I was overjoyed , my parent/caregiver got <u>very</u> upset.	1	2	3	4	5
14. When I was overjoyed , my parent/caregiver did not pay attention to my being overjoyed.	1	2	3	4	5
15. When I was overjoyed , my parent/caregiver comforted me.	1	2	3	4	5

Appendix E

Child Report of Parental Behavior Inventory (CRPBI-30)

Please read each statement on the following pages and circle the answer that most closely describes the way each of your parents act toward you.

If you think the statement describes a person who is **Not Like** your parent, select 1. [SEP]

If you think the statement describes a person who is **Somewhat Like** your parent, select 2.

If you think the statement describes a person who is **A Lot Like** your parent, select 3.

Please answer the questions according to the parent/caregiver you indicated on the previous question.

MY PARENT IS A PERSON WHO...

	1 Not like your parent	2 Somewhat like your parent	3 A lot like your parent
1. ... makes me feel better after talking over my worries with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... tells me of all the things he/she has done for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... believes in having a lot of rules and sticking with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ... smiles at me often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ... says, if I really cared for him/her, I would not do things that cause him/her to worry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ... insists that I must do exactly as I am told. <small>[SEP]</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ... is able to make me feel better when I am upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ... is always telling me how I should behave. <small>[SEP]</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ... is very strict with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ... enjoys doing things with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ... would like to be able to tell me what to do all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ... gives hard punishment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. ... cheers me up when I am sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ... wants to control whatever I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. ... is easy with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. ... gives me a lot of care and attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. ... is always trying to change me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. ... lets me off easy when I do something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. ... makes me feel like the most important person in his/her life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. ... only keeps rules when it suits him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. ... gives me as much freedom as I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. ... believes in showing his/her love for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. ... is less friendly with me, if I do not see things his/her way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. ... lets me go any place I please without asking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. ... often praises me. ^[1] _[SEP]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. ... will avoid looking at me when I have disappointed him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. ... lets me go out any evening I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. ... is easy to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. ... if I have hurt his/her feelings, stops talking to me until I please his/her again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. ... lets me do anything I like to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix F

Difficulties in Emotion Regulation Scale (DERS)

Please answer the following questions based on yourself.

Please indicate how often the following statements apply to you by selecting the appropriate number from the scale.

	1 Almost never (0- 10%)	2 Sometimes (11-35%)	3 About half the time (36-65%)	4 Most of the time (66- 90%)	5 Almost always (91- 100%)
1. I am clear about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I pay attention to how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I experience my emotions as overwhelming and out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have no idea how I am feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty making sense out of my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am attentive to my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I know exactly how I am feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I care about what I am feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am confused about how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When I'm upset, I acknowledge my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I'm upset, I become angry with myself for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I'm upset, I become embarrassed for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. When I'm upset, I have difficulty getting work done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I'm upset, I become out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I'm upset, I believe that I will remain that way for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When I'm upset, I believe that I will end up feeling very depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I'm upset, I believe that my feelings are valid and important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I'm upset, I have difficulty focusing on other things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. When I'm upset, I feel out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. When I'm upset, I can still get things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When I'm upset, I feel ashamed at myself for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I'm upset, I know that I can find a way to eventually feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. When I'm upset, I feel like I am weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. When I'm upset, I feel like I can remain in control of my behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. When I'm upset, I feel guilty for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When I'm upset, I have difficulty concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I'm upset, I have difficulty controlling my behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. When I'm upset, I believe there is nothing I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

can do to make myself
feel better.

29. When I'm upset, I become irritated at myself for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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30. When I'm upset, I start to feel very bad about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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31. When I'm upset, I believe that wallowing in it is all I can do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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32. When I'm upset, I lose control over my behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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33. When I'm upset, I have difficulty thinking about anything else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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34. When I'm upset, I take time to figure out what I'm really feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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35. When I'm upset, it takes me a long time to feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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36. When I'm upset, my emotions feel overwhelming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12. When I start on new things/projects	<input type="radio"/> I rarely plan ahead, just get on with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I prefer to have a plan
13. My judgments and decisions	<input type="radio"/> I often doubt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I trust completely
14. My goals	<input type="radio"/> I know how to accomplish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I am unsure how to accomplish
15. New friendships are something	<input type="radio"/> I make easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I have difficulty making
16. My family is characterized by	<input type="radio"/> disconnection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Healthy cohesion
17. The bonds among my friends is	<input type="radio"/> Weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Strong
18. I am good at	<input type="radio"/> Organizing my time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Wasting my time
19. Belief in myself	<input type="radio"/> gets me through difficult periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> is of little help in difficult periods
20. My goals for the future are	<input type="radio"/> Unclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Well thought through
21. Meeting new people is	<input type="radio"/> Difficult for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Something I am good at
22. In difficult periods my family	<input type="radio"/> Keeps a positive outlook on the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Views the future as gloomy
23. When a family member experiences a crisis/emergency	<input type="radio"/> I am informed right away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> It takes quite a while before I am told
24. Rules and regular routines	<input type="radio"/> Are absent in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Are a part of my

	my everyday life						everyday life
25. In difficult periods I have a tendency to	<input type="radio"/> View everything gloomily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Find something good that helps me thrive/prosper
26. When I am with others	<input type="radio"/> I easily laugh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I seldom laugh
27. Facing other people, our family acts	<input type="radio"/> unsupportive of one another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Loyally towards one another
28. I get support from	<input type="radio"/> Friends/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No one
29. Events in my life that I cannot influence	<input type="radio"/> I manage to come to terms with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Are a constant source of worry/concern
30. For me, thinking of good topics for conversation is	<input type="radio"/> Difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Easy
31. In my family we like to	<input type="radio"/> Do things together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Do things on our own
32. When needed I have	<input type="radio"/> No one who can help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Always someone who can help me
33. My close friends/ family members	<input type="radio"/> Appreciate my qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dislike my qualities

Appendix I

Subjective Happiness Scale (SHS)

For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:	O 1							O 7
	Not a very happy person	O	O	O	O	O	O	A very happy person
		2	3	4	5	6		
2. Compared with most of my peers, I consider myself:	O 1							O 7
	Less happy	O	O	O	O	O	O	More happy
		2	3	4	5	6		
3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?	O 1							O 7
	Not at all	O	O	O	O	O	O	A great deal
		2	3	4	5	6		
4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?	O 1							O 7
	Not at all	O	O	O	O	O	O	A great deal
		2	3	4	5	6		

