PARENTAL BEHAVIORS, SECURE ROMANTIC ATTACHMENT, AND DEPRESSION IN EMERGING ADULTS

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For the degree of Master of Arts in Psychology, General-Experimental

by

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DEDICATION

This thesis is dedicated to the current and former members of the Adolescent and Adult Adjustment Lab. Without the continuous help, support, and encouragement from this team, this thesis (and arguably a few of my other academic achievements) would not be in existence.
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ABSTRACT

PARENTAL BEHAVIORS, SECURE ROMANTIC ATTACHMENT, AND DEPRESSION IN EMERGING ADULTS

By

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Master of Arts in Psychology, General Experimental

This study’s purposes were to examine: (a) the relationship between perceived parental support, perceived parental psychological control, secure romantic attachment, and depressive symptoms in emerging adults, and (b) whether the perceived parental behaviors indirectly predicted depressive symptoms through secure romantic attachment. Self-report survey data were collected from 709 emerging adults ($M = 20.01$ years) at one ethnically diverse university in southern California. Bivariate correlations indicated parental support and secure attachment were significantly and negatively related to emerging adults’ depressive symptoms while parental psychological control was significantly and positively related to depressive symptoms. Also, parental support was significantly and positively related to secure romantic attachment, while paternal psychological control was significantly and negatively related to secure romantic attachment. Structural equation modeling indicated parental psychological control indirectly predicted depression through secure romantic attachment, while parental support directly predicted depression. Family life educators, mental health specialists, and parents can use these findings to reduce depressive symptoms in emerging adults.
CHAPTER I
INTRODUCTION

Emerging adulthood has been viewed as a separate stage of development, characterized with its own unique obstacles (Arnett, 2004). Typically, individuals included in this developmental period (i.e., 18 and 25 years) are leaving adolescence, but they do not yet fully bear the responsibilities of an adult (Arnett, Ramos, & Jensen, 2001). In the United States, emerging adults are the highest risk age group for many psychiatric disorders (CDC, 2010). According to Viner and Tanner (2009), 40% of emerging adults meet diagnostic criteria for psychiatric disorders such as anxiety and mood disorders (e.g., depression).

Given that numerous young people further their education after finishing high school, many emerging adults are remaining at home with their parental figures while pursuing higher educational goals (Arnett et al., 2001). Since emerging adults spend more time at home, they are likely to have continual and frequent interactions with parental figures. Therefore, it is not surprising that perceived parental behaviors are related to mental health outcomes of emerging adults (Arnett et al., 2001; Levitt, Weber, & Guacci, 1993).

Also, during emerging adulthood, most individuals are searching for potential mates (Arnett, 2004). Oftentimes, romantic partners assume the role of emerging adults’ primary attachment figure. Thus, it may be beneficial to investigate the influence of romantic attachment on depressive symptoms given the pervasiveness of psychiatric disorders in emerging adults.

Since perceptions of parenting can influence level of attachment (Tacón &
Caldera, 2001), including romantic attachment (Levy, Blatt & Shaver, 1998), and emerging adults spend substantial time with their romantic partners, it is possible that the level of secure attachment with their romantic partner may mediate the relationship between perceived parental behaviors and depressive symptoms. Therefore, it may be insightful to examine the relationship between perceived parental behaviors, secure romantic attachment, and depressive symptoms in emerging adults.

**Purpose**

The purposes of this study were to determine: (a) whether emerging adults’ perceptions of their mothers’ and fathers’ parenting behaviors (i.e., support and psychological control) and secure romantic attachment were related to their depressive symptoms, and (b) whether secure romantic attachment mediated the relationship between perceived maternal/paternal behaviors and emerging adults’ depressive symptoms. In addition to contributing to the existing body of literature on emerging adults’ mental health, the findings of this study could be utilized by college counselors and mental health practitioners working with emerging adults. Also, family life educators (e.g., parent educators, relationship educators) might benefit from the results of this study.

**Definitions**

1. Emerging adulthood is recognized as the developmental stage of life between adolescence and adulthood, comprising individuals from 18 to 25 years of age (Arnett, 2007).
2. Attachment is defined as an affective bond that links one person to another over a period of time (Bowlby, 1969). Those individuals who are securely attached may
feel sad when separated from their attachment figure, yet confident that their attachment figure will return.

3. For the purpose of this study, depression is defined as feelings of sadness or melancholy expressed over the course of the previous seven days (Kohout, Berkman, Evans, & Cornoni-Huntley, 1993).

4. Parental support refers to behaviors by parents directed towards their offspring that communicate love, care, warmth, and affection (Peterson, 2005).

5. Parental psychological control refers to behaviors by parents that intrude into an offspring’s sense of self, through tactics such as shame, guilt induction, and love withdrawal (Barber, Maughan, & Olsen, 2005).

**Hypotheses**

Based on the review of literature in Chapter 2, the following research hypotheses were developed (see Figure 1).

1. Perceived supportive behaviors by parents will be significantly and negatively related to emerging adults’ depressive symptoms.

2. Perceived psychological control by parents will be significantly and positively related to emerging adults’ depressive symptoms.

3. Perceived supportive behaviors by parents will be positively and significantly related to emerging adults’ secure romantic attachment.

4. Perceived psychological control by parents will be significantly and negatively related to emerging adults’ secure romantic attachment.

5. Secure romantic attachment will be significantly and negatively related to emerging adults’ depressive symptoms.
6. Perceived parental behaviors (i.e., support and psychological control) will also be indirectly related to emerging adults’ depressive symptoms through secure romantic attachment.

**Figure 1.** Hypothetical model showing perceived parenting behaviors directly and indirectly predicting depressive symptoms of emerging adults through secure romantic attachment.

**Assumptions**

This research study was created based upon certain assumptions. First, it was assumed that the participants in this study were not pressured by the researchers to participate in the study and/or complete the items on the questionnaire. As this study was conducted in the United States of America, it was assumed that participants were able to read and understand the English-written questionnaire. Additionally, it was assumed that respondents took time to read and understand all the items completely, as well as provide honest answers. Because there was no way to verify a participant’s identification that submitted an online survey, it was assumed that all online surveys were submitted by the actual participant. It was also assumed the measures used in the study were suitable for
emerging adults of ethnically diverse backgrounds. Because a team of trained research assistants coded, entered and double-checked data for accuracy, it was assumed no errors were made in data entry. Furthermore, it was assumed that no errors were made in data analyses since a trained statistician verified the results for accuracy.
CHAPTER II
REVIEW OF LITERATURE

Emerging Adulthood

Encompassing individuals between the ages of 18 and 25 years, emerging adulthood is defined as the period between adolescence and adulthood (Arnett, 2007). Erikson (1950) proposed that the life-stage of young adulthood (18-35 years) followed adolescence (12-18 years). He also proposed that individuals who are between the ages of 18 and 35 years undergo very different experiences and life challenges than those between the ages of 12 and 18 years. In mid-1950s, Erikson’s proposition was likely true. However, the past few decades have rendered a shift in the roles and responsibilities of individuals departing adolescence (Arnett, 2007). Specifically, there has been a trend of pursuing education after high school, allowing for a larger number of people in the early to mid-twenties to reside at home with their parents (Arnett et al., 2001). Consequently, the median age for marriage and parenthood in the United States has been consistently getting older. According to the U.S. Census Bureau (2010), the current median age of marriage for men is 28 years, which is four years higher than the median age of marriage for men in 1950. Women display a more dramatic increase, with a median age of 21 years in 1950 compared to the current median age of 26 years (U.S. Census Bureau, 2010). Given these changes in life style, Arnett (2007) proposed a new stage between adolescence and adulthood, which he called emerging adulthood.

While emerging adults are generally healthy in both physical and mental aspects, drug abuse, alcohol consumption, and sexual risk-taking peak during this developmental stage (Tanner & Arnett, 2009). The prevalence of psychiatric disorders also peaks in
emerging adulthood (CDC, 2010; Tanner & Arnett, 2009). Given this information, it is essential to examine factors that influence depression in emerging adulthood.

**Depressive Symptoms During Emerging Adulthood**

For the purpose of this current study, depression is defined as feelings of sadness or melancholy expressed by an individual over the course of at least one week (Kohout et al., 1993). Previous research often cites depression as one of the largest psychological problems men and women face on a daily basis throughout the world (Culberston, 1997; Moussavi et al., 2007). Using a sample of 235,067 adult participants, a study conducted by the Centers for Disease Control and Prevention (2010) found that 9% of adults reported depressive symptoms. Among the 9% that reported depressive symptoms, 3.4% satisfied the criteria for major depression. The highest rates of depression (8.1%) reported by participants were between the ages of 18 and 24 years.

In a review of literature on psychiatric disorders, Costello, Copeland, and Angold (2011) found that over 75% of young adults with psychiatric disorders (e.g., depression, generalized anxiety disorder, panic disorder) were first diagnosed during their adolescent years. While some psychiatric disorders (e.g., attention-deficit hyperactivity disorder, separation anxiety disorder, and social phobias) tend to diminish upon entry into adulthood, there are some that tend to increase in severity (e.g., depression). Research has consistently shown a link between depression and other aspects of mental health including increased anxiety (Leadbeater, Thompson, & Gruppuso, 2012; Sorg, Vögele, Furka, & Meyer, 2012), decreased self-esteem (Bushman, Moeller, Konrath, & Crocker, 2012), and a high risk of suicide (Chérif et al., 2012).
Attachment During Emerging Adulthood and Depressive Symptoms

Attachment is defined as an emotional bond that links one person to another across a period of time (Bowlby, 1969). Bowlby (1969, 1973) suggested that infants displayed different types of attachment behaviors in response to their caregiver’s absence. Bowlby (1973) observed children and took note of their levels of emotional distress when separated from their caregiver.

Following on Bowlby’s research, Ainsworth and Bell (1970) identified three primary styles of attachment: secure, anxious-avoidant, and anxious-ambivalent. According to Ainsworth Blehar, Waters, and Wall (1978), securely attached children display comfort in seeking contact with an attachment figure after separating from the attachment figure for some time. Anxious-ambivalent children fluctuate in levels of emotional and physical distress when separated from their attachment figure. Finally, children who develop an anxious-avoidant attachment style reveal a high level of withdrawal or unresponsiveness to the attachment figure’s departure. Research has consistently demonstrated that this internal cognitive structure of attachment remains present in adult relationships (Hazan & Shaver, 1987) and that these attachment behaviors remain relatively consistent from childhood to adulthood (Fraley, 2002). While parents serve as the primary attachment figure during childhood (Ainsworth & Bell, 1970; Bowlby, 1969), romantic partners often assume that role during adulthood (Fraley & Davis, 1997).

Bowlby (1980) suggested that the attachment style children develop with their parental figure(s) influences their future attachment styles with significant others. Insecurely attached children are characterized as experiencing some form of emotional...
distress when separated from their attachment figure (Bowlby, 1973); thus, insecurely attached adults generally seek high levels of approval and validation from their attachment figures (e.g., romantic partner; Hazan & Shaver, 1994).

In a review of literature on adult attachment styles in close relationships, Hazan and Shaver (1994) suggested that individuals who displayed insecure attachment styles revealed less positive attitudes about themselves and their partner. Research often demonstrates how negative qualities in friendships and romantic relationships are positively and significantly related to depressive symptoms (La Greca & Harrison, 2005). The aforementioned studies suggest that having insecure attachment may inhibit one’s ability to develop a healthy romantic relationship, thus promoting feelings of loneliness, isolation, and ultimately depressive symptoms. Conversely, having a secure romantic attachment can foster one’s ability to develop a healthy romantic relationship by promoting greater relationship independence, trust, and satisfaction, which ultimately can induce less depressive symptoms (Simpson, 1990).

Research studies have examined the relationship between attachment styles and depressive symptoms. Research consistently demonstrates that secure attachment diminishes the risk of mental health problems, such as depressive symptoms, anxiety disorders, and psychoactive substance use (Mickelson, Kessler, & Shaver, 1997). Conversely, avoidant and anxious attachment are positively related to anxiety disorders and depressive symptoms (Mickelson et al., 1997; Roberts, Gotlib, & Kassel, 1996).

In a cross-sectional study, Brenning, Soenens, Braet, and Bosmans (2012) investigated the relationship between attachment representations and depressive symptoms in adolescents using a sample of 339 students (ages 12-14 years) attending two
schools in Belgium. The researchers found that insecure attachment styles (i.e., anxious and avoidant) were positively related to depressive symptoms. In another study, a multi-ethnic sample of 248 students (ages 12-17) attending various schools in Germany was used to study the link between attachment styles and depressive symptoms (Kullik & Petermann, 2013). Consistent with previous research, they found that insecure attachment was positively and significantly related to depressive symptoms.

Similar results have been found in samples of emerging adults. For example, Jinyao et al. (2012) conducted a longitudinal study examining the link between attachment styles and depressive symptoms in a sample of 662 students attending one university in mainland China. Similar to studies investigating this relationship in adolescents, Jinyao et al. found that insecure attachment was positively and significantly related to depressive symptoms in emerging adults. Similarly, a longitudinal study was conducted that examined the relationship between adult attachment styles, depressive symptoms, and anxiety using a sample of 187 undergraduate students (ages 17-24 years) attending one southeastern university (Hankin, Kassel, & Abela, 2005). Participants were given identical questionnaires to complete at two time points separated by eight weeks. The findings indicated that insecure attachment at time 1 was significantly and positively related to the depressive symptoms and anxiety of university students at time 2.

Since romantic partners commonly assume the role of emerging adults’ primary attachment figure, it may be beneficial to study the relationship between secure romantic attachment and depressive symptoms in emerging adults. Romantic attachment behaviors of adolescents and adults tend to mimic the patterns of attachment behaviors of their childhood, sharing similar behavioral and emotional components (Crowell, Fraley, &
Shaver, 2008). One cross-sectional study used self-report data from 330 undergraduate students at a large university to demonstrate how romantic attachment mediated the relationship between perceptions of interparental conflict and depression (Cusimano & Riggs, 2013). Participants were between the ages of 17 and 43 years ($M = 20.40, SD = 2.86$) who were involved in a heterosexual romantic relationship of six months or more at the time of the study. The results found that insecure romantic attachment was significantly and positively related to depressive symptoms.

In a similar study, Marchand-Reilly (2009) investigated the relationship between romantic attachment styles and depressive symptoms in emerging adults. The sample consisted of 110 undergraduate students (18-25 years of age) who were currently in or had been in a romantic relationship lasting for at least one month. Using zero-order correlations, the results indicated that secure romantic attachment was significantly and negatively correlated with depressive symptoms. Conversely, insecure romantic attachment (i.e., anxious attachment) was significantly and positively correlated with depressive symptoms.

In another study, Riggs and Han (2009) collected data from 330 college students attending a southwestern university in the United States. They found that secure romantic attachment was significantly and negatively related to depressive symptoms. These results have also been replicated in similar studies investigating the relationship between secure romantic attachment and depressive symptoms in middle-aged adults (Paradiso, Naridze, & Holm-Brown, 2012). Therefore, it was hypothesized that secure romantic attachment would be significantly and negatively related to emerging adults’ depressive symptoms.
**Perceived Parenting During Emerging Adulthood and Depressive Symptoms**

Besides individual qualities (e.g., level of secure romantic attachment), contextual qualities such as parent-child interactions may also relate to emerging adults’ development. Perceptions of parents’ behavior can influence their offspring’s mental health (Peterson, 2005). When emerging adults provide reports regarding perceptions of parental behaviors, their reports generally account for a conglomeration of experiences over time with their parents, as opposed to a specific view of their interactions on a single day (Schulenberg & Zarrett, 2006). Frank, Plunkett, and Otten (2010) identified parental support and parental psychological control as two key parenting behaviors related to offspring’s adaptation.

**Parental Support and Emerging Adults’ Development**

As children are dependent on their parents for survival, the majority of their social interactions are with their parental figures (Peterson, 2005). If parents exhibit warm and nurturing behaviors, their youth may model their parents’ behaviors in other relationships. According to Levitt et al. (1993), the quality of the relationship between the child and the parent is vital to the child’s ability to develop healthy social relationships as an adult.

One parental behavior that fosters healthy child development is parental support. Parental support is characterized by acts of care, acceptance, and nurturance expressed by the parent toward their youth (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). Attachment theory stresses the importance of the exhibition of supportive and nurturing behaviors of parents (Bowlby, 1969, 1973). Parents’ warm and nurturing behaviors may endorse a child’s sense of security, which is imperative to the emotional
development of a child (Mikulincer & Shaver, 2007). Supportive behaviors from parents could be interpreted by youth as signs of encouragement, affection, and care, thus fostering a more secure positive parent-child relationship. In samples of adolescents and young adults, parental support has been linked to numerous mental health indicators, such as decreased substance abuse (Wills & Cleary, 1996), decreased depressive symptoms (Mustafa, Nasir, & Yusooff, 2010), and increased global self-esteem (Dayan, 1999).

**Parental support and depression.** When emerging adults perceive their parents as engaging in supportive behaviors, the youth may feel supported, valued, loved, worthy, and competent which promotes positive self-esteem and decreases risk of depression (Plunkett, Henry, Robinson, Behnke, & Falcon, 2007). Conversely, emerging adults who see their parents as unsupportive may feel their parents do not believe they are worthy of love or feel like competent adults, ultimately fostering depressive symptoms. Research studies have examined the link between perceived parental support and depressive symptoms. Shaw et al. (2004) investigated the relationship between perceived parental support and depression using a sample of 2,905 English-speaking adults living in the United States, who were between the ages of 25 and 74 years. They measured perceived parental support by asking participants to rate how often they felt their parental figures expressed certain behaviors. The results from the study indicated that perceived parental support was significantly and negatively correlated to their offspring’s depressive symptoms.

In a similar study conducted by DeLay, Hafen, Cunha, Weber, and Laursen (2013), parental support was hypothesized to buffer the effects of interpersonal difficulties (i.e., family conflict, peer victimization) on depressive symptoms. Their
sample was comprised of 398 adolescents (ages 11-14 years) enrolled in junior-high schools in Brazil. The results indicated that higher degrees of perceived parental support were associated with lower levels of depressive symptoms. Additionally, perceived parental support was a significant buffer between interpersonal problems and depressive symptoms. Specifically, adolescents who reported peer victimization and family conflict but also reported parental support reported fewer depressive symptoms than adolescents who reported peer victimization and family conflict along with low levels of parental support.

Additional studies researching the relationship between perceived parental support and depressive symptoms have been conducted in adolescents transitioning into adulthood. In one longitudinal study, a sample of 10,828 adolescents from high schools across the nation was used to investigate the link between perceived parental support and depressive symptoms (Needham, 2008). Data collection took place at three different time periods and consisted of in-home interviews inquiring about physical health, mental health, and relationships with peers and family members. Only participants who were between the ages of 18 and 26 years during the third wave of data collection were included in the analyses, as they were posed questions regarding their transition to adulthood (e.g., working, parenting, community involvement). The results indicated that greater levels of perceived parental support correlated with lower levels of depressive symptoms reported at Time 1. Furthermore, respondents who began the study with lower levels of perceived parental support finished the study with higher reports of depressive symptoms.

These findings have been replicated in similar studies focusing on perceived
parental support and depressive symptoms in adolescents. Plunkett et al. (2008) conducted a cross-sectional study examining the relationship between perceived parental behaviors (i.e., support and psychological control) and depressive symptoms. They collected self-report data using a convenience sample of 161 ethnically diverse 9th and 10th graders from three high schools in a southwestern state. They found that both perceived maternal and paternal support were negatively and significantly correlated with depressive symptoms. Another study by Crane, Barber, and Bean (2006) examined the relationship between parental support and depression using a sample of 202 African American adolescents in 5th, 8th, and 10th grade from fourteen different high-schools in Tennessee. Consistent with their hypothesis, bivariate correlations indicated that parental support was significantly and negatively related to depression. Given the relationship between parental support and depressive symptoms in adolescents, it is hypothesized that perceived parental support would be significantly and negatively related to emerging adults’ depressive symptoms.

**Parental support and emerging adults’ attachment.** Supportive parental behaviors have been shown to foster the growth of a child’s sense of security (Mikulincer & Shaver, 2007). This feeling of security may carry over into one’s attachment style, prompting one to develop a secure attachment style. If offspring do not feel supported by their attachment figure, this lack of support may manifest into insecure attachment.

Among the research examining perceived parental behaviors of youth, there has been ample research illustrating the relationship between perceived parental support and attachment styles in adolescents and young adults. For example, one cross-sectional study used self-report data from 155 undergraduate students at one southwestern university to
explore the relationship between parental behaviors and youth attachment styles (Tacón & Caldera, 2001). The sample consisted of 96 female students of Mexican descent and 59 White, non-Hispanic female students, all between the ages of 18 and 24 years. While perceived supportive behaviors by mothers were not significantly related to attachment styles in the participants, the results revealed a significant and positive correlation between perceived paternal behaviors of warmth and reports of secure attachment. Similarly, female students who reported to be securely attached rated their fathers low on ambivalence.

In a comparable study, Levy et al. (1998) investigated the relationship between perceived parental representations (e.g., behaviors, attitudes) and romantic attachment styles in students attending one northeastern state university. Fifty-four participants were asked to visualize their most important romantic relationships while being administered Bartholomew and Horowitz’s (1991) four-category attachment measure. Pearson correlations revealed that perceived maternal and paternal benevolence were positively and significantly related to secure romantic attachment in respondents. Paternal punitive and ambivalence ratings were significantly and negatively related to secure attachment, in addition to being significantly and positively related to fearful attachment.

Similar findings have been reported in cross-cultural studies as well. Güngör and Bornstein (2010) were interested in the relationship between youths’ perception of parental behaviors (i.e., support, psychological control) and romantic attachment styles in Turk and Belgian adolescents. Data were collected from 533 students from various high schools in Turkey and Belgium. Respondents were told to answer items based on their experiences with their romantic partner (or closest friend if no romantic partner existed).
As expected, perceived maternal and paternal warmth were negatively and significantly related to anxious and avoidant romantic attachment. Conversely, perceived maternal and paternal psychological control were positively and significantly related to anxious and avoidant romantic attachment. Given these results, it was hypothesized that high levels of perceived parental support would be significantly and positively related to secure romantic attachment in emerging adults.

**Parental Psychological Control and Emerging Adults’ Development**

Psychological control is defined as intrusive behaviors, including love withdrawal, guilt induction, and invalidation of feelings, that hinder the emotional development of the child (Barber, 1996). Offspring’s perceptions of psychologically controlling behaviors may promote a negative parent-child relationship. Psychologically controlling behaviors by parents may inhibit their offspring from formulating and trusting their own opinions, which can diminish their autonomy, self-efficacy, and self-esteem, ultimately increasing risk of depressive symptoms. In a review of literature on parent/adolescent relationships, Steinberg (2001) emphasized the importance of providing offspring with psychological autonomy and suggested that offspring with psychologically controlling parents reported lower self-esteem, and greater levels of anxiety and depression.

**Parental psychological control and depression.** Perceived parental psychological control can attenuate youths’ confidence and self-efficacy (Frank, Plunkett, & Otten, 2010), as well as lower their self-esteem (Leondari & Kiosseoglou, 2002). This could result in a negative outlook of the future and increased learned hopelessness, both of which are underlying elements of depression (Abramson, Metalsky, & Alloy, 1989;
Research has consistently shown a correlation between perceived parental psychological control and depressive symptoms (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994; Barber, 1996). For example, Soenens et al. (2008) were interested in the relationship between perceived parental psychological control and depressive symptoms in adolescents. They conducted a longitudinal study using an initial sample of 677 adolescents (340 girls and 337 boys) from seven high schools in Belgium at Time 1. Data collection took place at two subsequent instances and each assessment was separated by one year. Of the original sample, 434 participants were assessed in all three data collection periods. Their analyses indicated that adolescents’ reports of parental psychological control were significantly and positively related to depressive symptoms across time.

Barber, Stolz, and Olsen (2005) investigated the relationship between perceived psychological control and depressive symptoms in adolescents (ages 13-17) from samples collected in nine different countries. Specifically, data were collected from over 9,000 participants from South Africa, Bangladesh, China, India, Bosnia, Germany, Palestine, United States of America, and Colombia. All surveys were translated using the same psychological control and depression inventories. Adolescents rated perceptions of maternal and paternal psychological control separately. Across cultures, perceived parental psychological control was significantly and positively related to depressive symptoms in adolescents.

In another study, Soenens, Park, Vansteenkiste, and Mouratidis (2012) examined the link between perceived parental psychological control and depression among
adolescents across two cultures. A sample of 290 Dutch and 321 South-Korean high school students (14-18 years old) was used in this study. Perceived psychological control of mothers and fathers were rated separately by their youth. Perceived parental psychological control was positively and significantly related to youths’ depressive symptoms in both cultures, with only slight mean-level differences between ethnic groups.

Nanda, Kotchick, and Grover (2012) discovered similar results in children. Using an ethnically diverse sample of 107 children (ages 8-11), Nanda et al. found that youth who perceived their parents engage in psychologically controlling behaviors reported higher levels of anxiety, a common indicator of depressive symptoms. These same findings have emerged with emerging adults. For example, Nelson, Padilla-Walker, Christensen, Evans, and Carroll (2011) examined the relationship between perceived parental psychological control and depressive symptoms in emerging adults. Data were collected from four American universities comprising a sample of 403 students (ages 18-26 years) and at least one of their parental figures. The findings indicated a positive and significant relationship between perceived parental psychological control and depressive symptoms. Conversely, perceived supportive behaviors from parents were negatively related to depressive symptoms.

Across cultures and age groups, perceived psychological control by parents has been significantly and positively correlated to depressive symptoms in the offspring. Therefore, it was hypothesized that perceived parental psychological control would be positively and significantly related to emerging adults’ depressive symptoms.

**Parental psychological control and emerging adults’ attachment.** There is
ample research investigating the link between perceived parental psychological control and attachment styles. Psychologically controlling parental behaviors such as guilt induction and love withdrawal (e.g., silent treatment, avoiding visual contact) may make offspring feel as if their parent-child relationship is threatened (Barber, 1996; Luyckx, Soenens, Vansteenkiste, Goossens, & Berzonsky, 2007).

Muris, Meesters, and van den Berg (2003) conducted a cross-sectional study examining parenting behaviors in relation to attachment using a sample of 742 adolescents (ages 12-18 years) from one secondary school. Muris et al. (2003) found that psychologically controlling behaviors (e.g., emotional rejection) were positively related to insecure attachment. They also found that perceived supportive parental behaviors (e.g., warmth, affection) were negatively related to insecure attachment styles.

This relationship was also illustrated in samples of late adolescents and young adults. For example, Leondari and Kiosseoglou (2002) used a sample of 319 adolescents and young adults (87% graduated from high school, 13% in high school) to investigate the relationship between perceived parental psychological control and parental attachment. As expected, perceived parental psychological control was negatively and significantly related to secure attachment.

It should be noted that participants in the two aforementioned studies were of predominantly Caucasian descent in the United States. The negative relationship between perceived parental psychological control and secure attachment has also been demonstrated across different cultures (e.g., Turks and Belgiums; Güngör & Bornstein, 2010).

Studies investigating the relationship between perceived parental psychological
control and *romantic* attachment have also been conducted. Pittman, Kerpelman, Soto, and Adler-Baeder (2012) were interested in examining the relationship between perceived parental psychological control and romantic attachment in adolescents. They conducted two cross-sectional studies; collecting self-report data from adolescents enrolled in grades 9-12 from several high schools. The first study was limited to only female students \((n = 653)\) enrolled in Family and Consumer Science courses. The sample of the second study included both male and female students \((n = 1035)\) enrolled in health classes in several different high schools in one southern state. All participants in both studies were involved in a romantic relationship. One purpose of this study was to demonstrate the relationship between perceived parental behaviors and youths’ feelings of avoidance and anxiety in romantic relationships. Using regression analyses, Pittman et al. found that perceived parental psychological control was positively and significantly related to anxious and avoidant romantic attachment.

In a similar study, Levy et al. (1998) examined the relationship between perceived parental harshness (i.e., punitiveness) and romantic attachment in students attending one northeastern university. Pearson correlations indicated that perceived harshness was significantly and negatively related to secure attachment. And conversely, perceived parental harshness was significantly and positively related to insecure attachment (i.e., fearful attachment). Based on these results, it was hypothesized that perceived parental psychological control would be significantly and negatively related to secure romantic attachment in emerging adults.

**Summary**

Across different ethnic groups, cultural groups, and age groups, research studies
have consistently found that perceived parental support is positively related to secure
romantic attachment and negatively related to depressive symptoms. Conversely,
perceived parental psychological control is negatively related to secure romantic
attachment and positively related to depressive symptoms. Additionally, research has
demonstrated that secure romantic attachment is negatively related to depressive
symptoms. Yet, these studies have not looked at whether the parenting behaviors may be
indirectly related to depressive symptoms through romantic attachment. Thus, the
existing literature sets the framework for testing the hypothesized model in Figure 1.
CHAPTER III
METHODOLOGY

Procedures

Data for this study were collected from students attending one ethnically diverse university in southern California. Participants for this study were recruited through various methods: (a) a research subject pool affiliated with lower-division psychology classes, and (b) upper-division, general education courses. Signed consent was required to participate in the study.

Participants included in the sample for this study were between the ages of 18 and 25 years; other participants were excluded from the analyses. Participants associated with the research subject pool were given an online survey administered on Qualtrics. The research subject pool is comprised primarily from students in a freshmen level, general education course. Thus, the participants in the subject pool consisted of students from various majors across campus. These students received credit for their participation. Students in the upper-division, general education courses were administered a paper-pencil survey at the beginning of their class. These students were not given credit in the course, but were asked to help with the research. For all students, the survey was voluntary and anonymous. Also, students had a right to leave answers blank or to stop taking the survey with no penalty.

Trained research assistants coded the data and then verified the coding before entering the data into an Excel file. Next, the entered data were verified by trained research assistants for accuracy. Then, the data were transferred into SPSS. Then frequencies were conducted on each variable as another check for accuracy.
Sample Characteristics

The sample consisted of 518 female participants (73.1%) and 191 male participants (26.9%). Within the sample, 32.7% identified as freshmen, 23.3% as sophomores, 29.1% as juniors, 14% as seniors, .7% graduate students, and .3% did not specify. Forty-five percent of the participants reported to be currently involved in a monogamous romantic relationship for a least one month, with one percent reporting to be currently married. Forty-seven percent of the participants self-identified as Latino/Hispanic, 18.3% as Asian, 13.3% as Caucasian, 4.4% as Armenian, 4.2% as Persian/Middle Eastern, 4.2% as African American/Black, .3% as Native American, and 7.8% as other/mixed ethnicities. Approximately 15.5% of the sample reported being born outside of the United States of America (USA). Second generation participants (those who had at least one parent born outside of the United States of America in one of over 50 different countries) comprised 63.2% of the sample. Participants who were born in the USA and also had parents who were born in the USA encompassed 21.3% of the sample.

Measurement

Demographic characteristics (e.g., age, gender, ethnic groups, classification) of the participants were assessed using standard fact sheet items. Parental support, parental psychological control, romantic attachment, and depressive symptoms were measured using previously validated scales.

Perceived Parental Support

A 4-item scale was used to assess perceived parental support in emerging adults (Bush, Peterson, Cobas, & Supple, 2002). Sample items included: (a) “Has made me feel that he/she would be there if I needed him/her”, and (b) “Seems to approve of me and the
things I do”. Response choices ranged from 1 = *strongly disagree* to 4 = *strongly agree*. Participants responded in regards to their mothers’ and fathers’ perceived parental support separately. Item parceling (Kishton & Widaman, 1994) was used to divide the scale into two subsets of items: perceived maternal support and perceived paternal support. The items from each subset were averaged to create a composite score, with higher scores signifying that emerging adults perceived their parents to display higher levels of supportive behaviors. An alpha coefficient of .85 was found for perceived maternal support, and an alpha coefficient of .89 was found for perceived paternal support.

**Perceived Parental Psychological Control**

The study used a 9-item scale to evaluate perceived parental psychological control (Frank et al., 2010). Sample items included: (a) “*Does not give me any peace until I do what he/she says*”, and (b) “*Yells at me a lot without good reason*”. Response choices ranged from 1 = *strongly disagree* to 4 = *strongly agree*. Participants responded in regards to their mothers’ and fathers’ perceived parental psychological control separately. An overall score was calculated by averaging all 18 items together, with higher scores suggesting that emerging adults perceived their parents to display higher levels of psychologically controlling behaviors. Item parceling was used to divide the scale into two subsets of items: perceived maternal psychological control and perceived paternal psychological control, with higher scores indicating that emerging adults perceived their parents to display higher levels of psychologically controlling behaviors. An alpha coefficient of .88 was found for perceived maternal psychological control, and an alpha coefficient of .87 was found for perceived paternal psychological control.
Secure Romantic Attachment

A 12-item scale was used to measure secure romantic attachment (Wei, Russell, Malinckrodt, & Vogel, 2007). Sample items included: (a) “It helps to turn to my partner in times of need”, and (b) “I worry that partners won’t care about me as much as I care about them” (reverse coded). Response choices ranged from 1 = strongly disagree to 4 = strongly agree. Eight of the items were reversed scored. Item parceling was used to divide the scale into two subsets of items: non-anxious attachment and non-avoidant attachment. The items from each subset were averaged to create a composite score, with higher scores suggesting that emerging adults exhibited greater secure attachment. To increase model fit, six items were omitted from the shortened scale when creating the item parcels. Prior to omitting six items, the Cronbach’s alpha for the total scale was .76. After omitting six items from the scale, the Cronbach’s alpha increased to .83. The alpha coefficients for the anxious attachment and avoidant attachment parcels were .75 and .83, respectively.

Depressive Symptoms

The study assessed depressive symptoms by using the 10-item short-version (Kohout, Berkman, Evans, & Cornoni-Huntley, 1993) of the Center for Epidemiologic Study's Inventory for depressed mood (Radloff, 1977). Participants responded on how often they felt a certain way in the past seven days (e.g., “I felt sad”, “I felt that everything I did took a lot of effort”). The response choices follow: 0 = rarely or none of the time (less than 1 day), 1 some or a little of the time (1-2 days), 2 = occasionally (3-4 days), and 3 = mostly or all of the time (5-7 days). Two of the items were reverse coded. Item parceling was used to divide the scale into three subsets of items. As suggested by
Kishton and Widaman (1994), items with high factor loadings were evenly distributed across a total of three parcels as loadings of some items were higher than others. The items from each subset were averaged to create a composite score, with higher scores implying that emerging adults exhibited a higher level of depressive symptoms. The first parcel had a Cronbach’s alpha of .85, the second parcel had a Cronbach’s alpha of .68, and the third parcel had a Cronbach’s alpha of .63.
CHAPTER IV

RESULTS

Structural Equation Modeling

Using structural equation modeling (SEM), analyses were run to examine the relationship between perceived parental behaviors (i.e., support, psychological control), secure romantic attachment, and depressive symptoms. Multicollinearity was not an issue in the data set since the independent variables (e.g., perceived parental support, perceived parental psychological control) were not highly correlated, suggesting they were different enough to compare.

Prior to running the SEM, data were screened for univariate and multivariate normality. It was assumed that univariate normality for the data set was met as all the answers were within the acceptable range of response choices. Mahalanobis distance (MAH) was used to determine multivariate normality. No outliers required attention as all the MAH values were lower than the chi-square ($\chi^2$) critical value for all variables; $\chi^2(48) = 84.03, p = .001$. Ninety-one cases were excluded from the SEM as data were missing from their responses.

Multi-group SEM was run to examine the relationship between perceived parental behaviors (i.e., support, psychological control), secure romantic attachment, and depressive symptoms between men and women. However, no significant differences between the groups were found. Thus, the results for the total sample are presented for a more simplified model. The chi-square ($\chi^2$) test of fit for the SEM was rejected, $\chi^2(df = 21, N = 618) = 114.45, p < .001$, suggesting that the model did not have a good fit. However, additional fit statistics suggested the model fit the data moderately well (CFI =
A post hoc Wald test was also conducted to determine if any paths could be dropped from the model without weakening the model fit. The Wald test suggested that the path between perceived parental support and secure romantic attachment should be dropped from the original model. Additionally, the Wald test suggested that the path between perceived parental psychological control and depressive symptoms could also be dropped. After dropping the aforementioned paths, the chi-square ($\chi^2$) test of fit for the SEM was still rejected, $\chi^2 (df = 23, N = 618) = 118.44, p < .001$, suggesting that the model did not have a good fit. Additional fit statistics still suggested the model fit the data moderately well (CFI = .94; RMSEA = .08; SRMR = .05).

Summary statistics and factor loadings for the SEM are illustrated in Table 1. Figure 2 depicts the structural portion of the SEM (i.e., the relationships between the factors).

![Figure 2. Final SEM to predict depressive symptoms, after post hoc modifications](image-url)
Table 1. *Summary Statistics and Factor Loadings for the Full SEM*

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother support</td>
<td>3.53 (.58)</td>
<td>.80</td>
</tr>
<tr>
<td>Father support</td>
<td>3.24 (.78)</td>
<td>.56</td>
</tr>
<tr>
<td><strong>Parental Psychological Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother psychological control</td>
<td>1.92 (.65)</td>
<td>.91</td>
</tr>
<tr>
<td>Father psychological control</td>
<td>1.80 (.59)</td>
<td>.64</td>
</tr>
<tr>
<td><strong>Romantic Attachment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious attachment</td>
<td>4.10 (1.28)</td>
<td>.81</td>
</tr>
<tr>
<td>Avoidant attachment</td>
<td>4.14 (1.29)</td>
<td>.64</td>
</tr>
<tr>
<td><strong>Depressive Symptoms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression 1</td>
<td>.59 (.64)</td>
<td>.68</td>
</tr>
<tr>
<td>Depression 2</td>
<td>.97 (.70)</td>
<td>.71</td>
</tr>
<tr>
<td>Depression 3</td>
<td>.95 (.71)</td>
<td>.87</td>
</tr>
</tbody>
</table>

*Note.* All loadings significant, *p* < .05.

**Pearson Correlations**

To supplement the SEM, Pearson correlations were used to determine the strength and direction of the bivariate relationships between each variable in the study for the total sample (see Table 2) and for both men and women (see Table 3). As expected, perceived parental support was significantly and positively correlated with secure romantic attachment, and negatively correlated with perceived parental psychological control and depressive symptoms (in the total sample and each subsample). Perceived parental psychological control was significantly and positively correlated with depressive symptoms and significantly and negatively correlated with secure romantic attachment (in the total sample and each subsample). Finally, secure romantic attachment was significantly and negatively related depressive symptoms (in the total sample and each subsample).
subsample).
Table 2

_Bivariate Correlations for Total Sample (n = 709)_

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parental support</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Parental psychological control</td>
<td>-.45**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Secure romantic attachment</td>
<td>.24**</td>
<td>-.34**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>4. Depressive symptoms</td>
<td>-.31**</td>
<td>.38**</td>
<td>-.45**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01

Table 3

_Bivariate Correlations: Women on Bottom of Diagonal (n = 518), Men on Top of Diagonal (n = 191)_

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parental support</td>
<td>1.00</td>
<td>-.45**</td>
<td>.21**</td>
<td>-.34**</td>
</tr>
<tr>
<td>2. Parental psychological control</td>
<td>-.45**</td>
<td>1.00</td>
<td>-.36**</td>
<td>.26**</td>
</tr>
<tr>
<td>3. Secure romantic attachment</td>
<td>.25**</td>
<td>-.34**</td>
<td>1.00</td>
<td>-.38**</td>
</tr>
<tr>
<td>4. Depressive symptoms</td>
<td>-.30**</td>
<td>.38**</td>
<td>-.47**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01
CHAPTER V
DISCUSSION

Summary of Findings

The purposes of this study were to determine: (a) whether emerging adults’ perceived parental behaviors (i.e., support and psychological control) and secure romantic attachment were related to their depressive symptoms, and (b) whether secure romantic attachment mediated the relationship between perceived parental behaviors and emerging adults’ depressive symptoms. The current study found that perceived parental behaviors (i.e., support, psychological control) were significantly correlated to secure romantic attachment and depressive symptoms in the expected directions. Additionally, secure romantic attachment was significantly and negatively correlated to depressive symptoms. In the path analyses, perceived parental support was found to significantly and negatively predict depressive symptoms. Finally, perceived parental psychological control was indirectly related to depressive symptoms through secure romantic attachment. These findings were consistent in both female and male emerging adults.

Discussion

The current study found that secure romantic attachment negatively and significantly predicted depressive symptoms in emerging adults, indicating that higher levels of secure romantic attachment were related to lower levels of depressive symptoms. It is likely that individuals with insecure-anxious attachment seek high levels of validation from their partner. When individuals with insecure-anxious attachment feel invalidated by their partner, their self-worth, self-esteem, and confidence may be diminished. The individuals may start ruminating over whether or not their partner cares
about the relationship in the same way that they do. Continuous rumination can foster increased feelings of anxiety and stress, ultimately inducing depression. Also, individuals with insecure-avoidant attachment may be emotionally distant from their partner. The individuals may also develop an inability to trust their partner, decreasing the likelihood of seeking comfort and reassurance in their relationships. These incapacities to find emotional validation within a romantic relationship may lead to feelings of loneliness, which could ultimately promote depressive symptoms. Conversely, individuals who have a secure attachment style may feel comfortable seeking emotional support and reassurance from their partner. This could increase their confidence, self-esteem, and worth as a romantic partner, and decrease loneliness, anxiety, and rumination. Thus, those individuals with secure romantic attachment should be less likely to experience depressive symptoms.

Consistent with previous studies (Mustafa et al., 2010; Shaw et al., 2004), the current study found that as emerging adults’ perception of their parents’ supportive behaviors increased, depressive symptoms decreased. However, contrary to the hypothesis, the relationship between perceived parental support and depressive symptoms was not mediated by secure attachment. Even though parental support was significantly related with secure attachment in the bivariate correlations, it appears that other aspects of support are predictive of depressive symptoms. Peterson (2005) explains that supportive behaviors by parents (e.g., love, praise, encouragement, approval) promotes social competence, autonomy, identity formation, and self-esteem. Thus, when emerging adults feel supported by their parents, they may feel more loved, worthy, and valued, ultimately feeling more confidence and more control in their lives. Each of these feelings
directly undermines the risk of depressive symptoms. Conversely, emerging adults who perceive their parents engage in little warmth and nurturance may not feel as valued or loved by their parents, which can undermine self-esteem, promote self-derogation, diminish autonomy and confidence, ultimately fostering depressive symptoms.

Perceived parental psychological control was correlated to depressive symptoms and indirectly related to depressive symptoms through secure romantic attachment. Specifically, perceptions of psychologically controlling behaviors decreased secure romantic attachment, which in turn predicted higher levels of depressive symptoms. One explanation is that offspring may interpret parents’ psychologically controlling behaviors (e.g., love withdrawal, shame) as signs of neglect. When offspring perceive their parents to be engaging in love withdrawal (e.g., silent treatment), they might feel disconnected from their parents and/or unsure of their relationship with their parents. These feelings may get generalized to other relationships (e.g., romantic relationship), making it difficult for a person to emotionally connect with a romantic partner, fostering an insecure romantic attachment style. When offspring perceive their parents engaging in shame or guilt induction, they may feel as if their actions are only validated when they do what their parents want. These manipulative behaviors may diminish the self-esteem and confidence of the offspring, as well as devalue their autonomy. This may increase anxiety within a relationship and/or may prompt a person to avoid relationships all together, promoting an insecure attachment style.

**Limitations and Research Implications**

Although the current study found a significant relationship between perceived parental support, perceived parental psychological control, secure romantic attachment,
and depressive symptoms, this study is not without limitations. One limitation is that the data were collected at only one university in southern California. Thus, the results cannot be generalized to geographic regions outside southern California or to emerging adults not in college. To allow for greater external validity of the results, future studies examining the effects of perceived parental behaviors on emerging adults’ depressive symptoms should look to collect data from multiple geographic regions and from emerging adults not enrolled in college.

Slightly over half of the participants were not currently involved in a romantic relationship at the time they completed the survey. Thus, many participants retrospectively answered the items inquiring about romantic attachment. This is a limitation because it is possible that participants who were responding to the scale based on previous romantic relationships may have forgotten how they felt about certain items, but still provided an answer. It is also possible that some participants have never been involved in a romantic relationship. In such cases, the secure romantic attachment scale may not apply to those participants. Future studies may want to control for this by only including participants who are currently involved in a monogamous romantic relationship in the sample.

Collecting data through means of self-report surveys is another limitation. Even though participants were instructed to provide honest answers, participants may have responded with socially desirable answers to demonstrate that they are less depressed than they actually feel and/or more secure romantic attachment. Also, measuring all the variables from the same respondent can increase the size of the relationships between the variables (i.e., shared method variance). Thus, future studies could use actual parenting
behaviors in addition to perceived parenting behaviors. Also, future studies could use clinical diagnoses of depression instead of self-report measures.

Another limitation is that there was little variability in level of depressive symptoms in the current sample. Since the outcome variable was depressive symptoms, it might be useful to include a clinical sample along with the community sample to increase the range of responses on the depression scale.

Because this was a cross-sectional design study, the survey was only able to assess how participants felt at one given point in time. This is a limitation because the study cannot verify the direction of the relationships of the variables. It is possible that there is a reciprocal relationship between the variables in question as emerging adults’ depressive symptoms may predict level of attachment and/or perceptions of parental behaviors. When emerging adults appear sad or depressed, parents may address the situation by giving their offspring physical and emotional space. These behaviors may be interpreted as lack of attention or love withdrawal from their parents, which could in turn, foster more depressive symptoms. Conversely, when emerging adults appear happy and express positive emotions, it is possible that parents are more inclined to engage with their offspring. Parents may communicate more and spend more time with their offspring when they appear happy. The emerging adults may then interpret these interactions as support and love, thus fostering less depressive symptoms. Future researchers should conduct a longitudinal design study, measuring the variables across times to ascertain the direction of the relationships.

And finally, there are many other potential factors that could influence emerging adults’ depressive feelings that were not taken into account by this study. Family
problems, academic tests, and other personal problems could have possibly affected the emerging adults’ depressive symptoms. Future studies may want to control for other contextual stressors (e.g., neighborhood risks, financial stress) that could potentially impact depressive symptoms in emerging adults.

**Implications**

Despite the abovementioned limitations, the results of the current study do pose practical implications that may be beneficial to family life educators, mental health specialists, and parents of emerging adults. Because supportive behaviors are correlated to secure romantic attachment and a decreased risk of developing depressive symptoms, family life educators (e.g., parent educators) should continue to advocate warm and nurturing behaviors from parents. Also, some emerging adults may have trouble identifying supportive gestures by parents (e.g., monitoring). Emerging adults could be taught to recognize parental attempts at support, even when parents are demonstrating their support in less effective ways. For example, sometimes parents use psychologically controlling behaviors as a way to protect their offspring. Practitioners working with depressed emerging adults might help them reframe perceived psychologically controlling behaviors into attempts to communicate care (even if those methods are not ideal). Additionally, practitioners can help emerging adults find strategies to cope with perceived psychological control by parents (e.g., cognitive reframe). Cognitive behavioral therapy techniques can also be used to help emerging adults diminish distorted perceptions of parental behaviors and change perceptions about attachment. Practitioners can help emerging adults decrease their anxious and avoidant perceptions of attachment and promote secure perceptions. Additionally, workshops could encourage parents to
engage in supportive behaviors and instruct parents on alternatives to psychologically controlling gestures. Reframing psychologically controlling gestures into signs of support would serve as an effective measure of promoting secure romantic attachment and ultimately help reduce depressive symptoms among emerging adults. And finally, given the positive effects of having secure romantic attachment, family life educators and mental health specialists could help individuals develop secure romantic attachment.
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