7-28-2015

Affective Coping Among Individuals Reporting a History of Rejection

Ppudah Ki
ppudahki@gmail.com

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University of Connecticut, [2015]

The ability to adapt to stress and life difficulties is a vital aspect of human development and functioning. Coping is one of the crucial constructs that influences this adjustment process. Accordingly, this study draws from interpersonal acceptance-rejection theory's (IPARTheory) coping subtheory, which recognizes that the psychological adjustment of some individuals who experience themselves to be seriously rejected by attachment figures is not as seriously impaired as it is for the majority of individuals who experience serious rejection. These people are called *affective copers*. This dissertation focused primarily on seven research questions dealing with affective copers. Secondarily, for comparison purposes, the same analyses were conducted for non-copers.

Data from the Rohner Center for the Study of Interpersonal Acceptance and Rejection were used in this study. Results showed that (1) there were 2,016 (16.88%) rejected individuals in a total sample of 11,946 adults. (2) Eight hundred eleven (6.79%) of the adults in the total sample were affective copers; 40.2% of all adults who felt rejected as children were also affective copers. (3a) Age had a significant negative but marginal correlation with coping. (3b) There were significantly more female copers than male copers in the sample. (4) Both male and female copers remembered having experienced significantly more maternal acceptance than paternal acceptance in childhood. (5) Male copers' psychological adjustment correlated significantly with remembrances of maternal acceptance in childhood, and with age. Female copers' psychological adjustment was significantly associated with parental acceptance and age. (6) For male copers, both maternal acceptance and paternal acceptance were unique and

significant predictors of psychological adjustment. For female copers, age and an interaction between maternal and paternal acceptance were significant predictors of psychological adjustment. Finally, (7) there was no mediation effect of partner acceptance on the relationship between parental acceptance and the psychological adjustment of copers. This research has implications for clinical researchers and practitioners. Results of this study provide empirical information regarding variables and factors—including moderators and mediators—that are associated with coping and resilience of seriously rejected adults.

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Ppudah Ki

B.A., University of Toronto, ON, Canada, 2004

M.A., Yonsei University, Seoul, South Korea, 2009

M.A., University of Connecticut, CT, USA, 2011

A Dissertation

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

at the

University of Connecticut

[2015]

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Ppudah Ki

[2015]

APPROVAL PAGE

Doctor of Philosophy Dissertation

Affective Coping Among Individuals Reporting a History of Rejection

Presented By

Ppudah Ki, B.A., M.A.

Major Advisor _____
Preston A. Britner

Associate Advisor _____
Ronald P. Rohner

Associate Advisor _____
Linda C. Halgunseth

University of Connecticut
[2015]

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Affective Coping Among Individuals Reporting a History of Rejection

The capability to adapt to stress and life difficulties is a vital aspect of human development and functioning (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Coping is one of the crucial constructs that influence this adjustment process, which eventually leads to health and well-being. In terms of basic research, coping studies have produced abundant information about self-regulation related to emotions, cognitions, and behaviors (Eisenberg, Fabes, & Guthrie, 1997). From the perspective of applied research, knowledge about the basic nature and efficacy of coping has helped to inform a wide variety of interventions and treatments in an array of mental health fields (Compas et al., 2001).

Coping has many definitions in social science and mental health fields (Compas et al., 2001). The most commonly cited definition is from Lazarus and Folkman (1984), who defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Furthermore, coping is often conceptualized as a goal-oriented process in which individuals direct their cognitions and behaviors toward goals to solve the sources of stress and to handle emotional responses to stress (Lazarus, 1993).

Resilience is a concept deeply associated with coping. Even though coping and resilience are considered separate in some research, they are mentioned and considered together in many studies due to their similarities and interconnectedness in meanings and interpretations (Leipold & Greve, 2009). Resilience often refers to the ability to bounce back from adversities. Walsh (2006) described resilience as "the capacity to rebound from adversity strengthened and more resourceful" (p. 4). Resilience is also defined as "the capacity to maintain competent functioning in the face of major life stressors" (Kaplan, Turner, Norman, & Stillson, 1996, p. 158). The body

of literature on resilience stems from attempts to understand how some individuals adapt well to stressful situations or crises, whereas others suffer from life adversities (Van Breda, 2001; Walsh, 1996, 2003, 2006).

This coping and resilience-related study draws from interpersonal acceptance and rejection theory's (IPARTheory's) coping subtheory. IPARTheory is an evidence-based theory of socialization and life-span development. The fundamental principle of the theory's personality subtheory postulates that the psychological adjustment of all human beings is likely to be affected in the same way by accepting-rejecting relationships with attachment figures, regardless of differences in race, gender, ethnicity, or culture (Rohner, 2004). However, the psychological adjustment of some individuals who experience themselves to be seriously rejected by attachment figures (e.g., by parents in childhood) is not as seriously impaired as it is for the majority of individuals who experience serious rejection. These people are called *affective copers* in coping subtheory. The principal question asked in coping subtheory is this: What gives some individuals (e.g., some adults) the resilience to emotionally withstand the corrosive effects of perceived rejection (e.g., by parents in childhood) more effectively than most rejected individuals? Thus, coping subtheory provides a strength-based, positive-oriented perspective. It captures components of resilience among humans and their interpersonal relationships. Accordingly it provides knowledge about important factors associated with the process of affective coping.

There are several negative outcomes of perceived rejection. Individuals who experience serious rejection tend to perceive non-intended hostility from others, show low sense of self-worth, display behavior problems such as conduct disorder, delinquency, and substance abuse, and exhibit distorted mental representations (Rohner & Britner, 2002; Rohner, Khaleque, &

Cournoyer, 2012). Effects of perceived rejection include hypervigilance, anxiety, self-hatred, interpersonal relationship problems, and suicidality, and these effects are also found in developmental trauma disorder (DTD; van der Kolk, 2010) and in complex posttraumatic stress disorder (Complex PTSD; Courtois, 2004).

Brain imaging (fMRI) studies show that specific parts of the brain are activated when individuals feel rejected (Eisenberger, 2012; Eisenberger, Lieberman, & Williams, 2003). This suggests that emotional trauma due to perceived rejection in childhood might affect brain structure and function. It is reported that emotional neglect in childhood could be a critical risk factor for cerebral infarction in old age (Wilson et al., 2012). Moreover, perceived rejection and long-term traumatic experiences might alter brain chemistry (Ford & Russo, 2006).

However, some youths and young children who experience risks such as abuse, neglect, and dysfunctional family, have been found to be resilient despite negative life events (Saleebey, 1996). Over time, studies of this nature have become the fundamental groundwork of resilience (Hawley, 2012; Van Breda, 2001) and have served to challenge the notion of development and functioning as being predetermined based on childhood experiences (Saleebey, 1996).

A longitudinal study by Werner and colleagues (Werner, 1993; Werner & Smith, 1982) is one of the most cited works on resilience (e.g., Fernandez, Schwartz, Chun, & Dickson, 2012; Rak & Patterson, 1996; Walsh, 2006). The study monitored at-risk infants from the prenatal period until adulthood, investigating the impact of various risk factors and stressful life events they experienced during each milestone of development. The researchers discovered that one-third of the participants grew up to be "competent and confident" adults by the age of 18, and that two-thirds of the remaining participants became "caring and efficacious" adults by the age of 32 (Saleebey, 1996, p. 299). This study was significant in that, while both vulnerability and

resilience were observed, the troubled children and adolescents were reported to improve their *self-righting* skills as they grew up, despite prior delinquent and deviant behaviors (Werner, 1993).

Coping effectively helps people to produce many positive life outcomes, such as high achievement, being social, outgoing, humorous, cooperative, positive, engaging, and likeable (e.g., Berndt & Ladd, 1989; Masten, 1986; Van Breda, 2001). Additional profiles of resilient individuals who cope efficiently with adversities included characteristics such as high self-esteem, positive coping and problem-solving skills, good communication abilities, and high interpersonal relationship skills (Bogenschneider, 1996; Butler, 1997; Shure & Spivack, 1982; Werner & Smith, 1982, 1992).

Coping and resilience concepts have been studied in applied science and clinical practice, including in marriage and family therapy (MFT). Even though individual and family resilience has been investigated since the 1920s, there has been heightened attention given to the resilience concept over the past three decades (Becvar, 2012a; Van Breda, 2001, Walsh, 2003). This is related to the paradigm shift from deficit-based to strength-oriented approaches. The resilience framework began serving as a conceptual base to guide positive-oriented prevention and intervention work to promote individual and family strengths and resilience during times of stress and crisis (Walsh, 2003).

Resilience-oriented interventions in clinical practice require practitioners to focus on individual and family coping, and on possible pathways to help clients overcome life difficulties (Walsh, 2003). Practitioners can help individuals and families share their own stories of suffering and struggles, and to find ways to develop coping strategies, gain successful outcomes, and ultimately bounce back. Resilience-based family interventions include a wide range of treatment

modalities, such as psychoeducation, family consultation, and intensive family therapy (Rolland, 1994). In addition, resilience-driven interventions have been adapted and applied to a variety of problematic situations, presenting problems, and stressful life events, including divorce, family reorganization, loss, serious mental and physical illnesses, and war-related trauma recovery (Van Breda, 2001; Walsh, 2003).

Literature Review

Coping and Resilience

Coping is considered a self-regulatory process, which is goal-oriented and motivational in nature (Band & Weisz, 1988). It is enacted in reaction to life stress and in situations that are difficult to manage. Coping also activates the regulation of emotion, cognition, behavior, physiological responses, and environment in response to the stress (Compas, 1998). One dimension of responses to stress is engagement versus disengagement (Compas et al., 2001). Engaging with stressors is involved with attempts to achieve primary or secondary control over cognitions, behaviors, or environments, and is also related to motivational levels. Disengaging with stressors is related to avoiding the stress and situations. The origin of the engagement and disengagement dimensions came from the fight and flight mode of response (Gray, 1991). In effect, engagement can lead to self-determination and self-control, whereas the disengagement could turn into avoidance or self-distancing coping strategies.

Resilience studies have investigated individuals' intrapersonal resilient characteristics and social support systems (Antonovsky, 1984; Pearlin & Schooler, 1982). For example, several studies have found that young children and youth who experienced abuse, neglect, and dysfunctional family interactional patterns were resilient despite these negative life events (Saleebey, 1996). In addition, Shin, Choi, Kim, and Kim (2010) reported that adolescents'

positive attituded about their parents' divorce was the strongest factor to predict good adjustment and resilience. Wyman and colleagues (1992) also viewed resilience as an outcome. They reported that highly resilient children tend to have positive relationships with their major caregivers, tend to live in stable family surroundings with predictable and consistent family discipline, and to have optimistic expectations for the future (Wyman et al., 1992).

      Cultural and contextual aspects of coping and resilience. Contextual and sociocultural factors can influence the coping process and pathway to resilience (Clauss-Ehlers, 2008). Theories related to coping and resilience account for multiple contexts such as low socio-economic status, racially marginalized status, and disability. These can interact with one another, intensify difficult life situations, and provoke a sense of helplessness and oppression (Block, Balcazar, & Keys, 2002; Britner, Balcazar, Blechman, Blinn-Pike, & Larose, 2006). Such conditions are included in family resilience concepts and theories that attempt to extend individual-centered resilience perspectives to a more systemic perspective to view families as a whole. In addition, Patterson (2002) reported that family resilience needs to be evaluated in terms of the interaction between the family and other environments.

      Viewing family coping and family resilience within larger contexts is especially important in clinical practice, because every family comes from a different place. While the larger contexts are very important, Becvar (2012b) suggested considering the internal family context first before focusing on a specific larger structure. This is because the core inner family context is related to the way in which the family defines itself and makes meanings. Difficulties within the internal family can be linked to the larger cultural issues, and clients may be able to observe the connection of culture and context to their risk and resilience.

Clinical application of coping and resilience. Just as early conceptual frameworks and empirical findings of family functioning concentrated on deficiency and symptomology, clinical models in the family therapy field also focused on deficits and problems. Assessing the problems and causes of low family functioning and discovering dysfunctional interaction patterns—rather than discovering strengths and resilience—were considered prerequisites to developing treatment plans and initiating interventions (Becvar, 2012b; Hawley, 2012). Over the past few decades, however—as positive-focused constructs and strength-based frameworks developed—the tendency to assess individuals and families as symptomatic in therapy settings has shifted (Hawley, 2012). Various clinical concepts of resilience have been developed that now serve to inform services provided in clinical settings.

Resilience was applied in therapy settings based on the assumption that every individual and family has strengths and resources. Whether the difficulties are less burdensome stressors or extremely heavy trauma, resilience can be found (Hawley, 2012). Beyond simple symptom reduction, finding resilience is considered to be one of the ultimate goals of successful individual and family treatment. Thus, it is not surprising that the concept of resilience is naturally embedded in many family therapy frameworks.

Walsh (2006) proposed three key processes in family resilience as guidelines to be promoted in clinical settings: shared belief systems, organizational patterns, and communication processes. First, family belief systems need to be fostered in therapy because they powerfully affect client worldviews regarding crisis, stress, struggles, resources, and options. By facilitating belief systems, families can make meanings of adversity and encourage a positive outlook, including transcendence and spirituality. Second, families need to be able to organize their resources as well as their family structure as they experience new situations. A family's

flexibility, connectedness, and social and economic resources are examples of the components that inform the ways in which therapists assess family organizational patterns. Finally, communication processes can enhance family resilience. Clarity in communication, emotional expression, and collaborative problem solving are the three main components of communication processes.

Issues with coping and resilience-based intervention models. In addition, coping and resilience-related family interventions in MFT are employed and integrated with a wide range of other therapy models and programs in practice (Walsh, 1996, 2003). Resilience-based clinical practice provides conceptual guidance in therapy in dealing with individual and family struggles in order to discover strengths and resources, and to promote resilience. However, there is a lack of empirically supported treatment models, programs, or manuals directly focusing on promoting individual and family resilience practice. The concept of resilience in therapy settings is usually implicit in the therapy goal, and it tends to be addressed conceptually rather than empirically (Becvar, 2012a).

Most resilience-oriented clinical approaches describe basic conceptual principles for practice, based on related literature, and used as a guiding tool for strength-based therapy (Hawley, 2012). This is rooted in the lack of empirically based research with regard to the clinical intervention using coping and resilience principles. A resilience-oriented framework in clinical practice is usually used and integrated with other therapy theories and models, and serves as a guiding conceptual map for strength base (Walsh, 2003).

Moreover, there is a lack of empirical information on what variables and factors need to be used for assessing and measuring coping and resilience-based clinical practice (Hawley, 2012). Current resilience-based interventions lack empirical knowledge on what variables are

related to coping and resilience. Finding such empirical components could provide an important contribution to resilience-based intervention, especially in the context of parent-child relationships regarding acceptance and serious rejection. According to Norcross and Hill (2004), it is very important to examine specific mediators and moderators that are relevant to components of family intervention outcomes. Thus, more studies examining coping and resilience-related factors and variables that can be applied to resilience-driven and empirically supported family intervention models and programs are needed in the future.

Interpersonal Acceptance-Rejection Theory (IPARTheory)

It is important to note that IPARTheory—formerly known as parental acceptance-rejection theory (PARTheory)—began when the deficit-based, pathogenic perspective was dominant. To date, its coping subtheory has not been extensively studied, so the coping process that engenders resilience is not well understood. This is consistent with the fact that most research studies that occurred at the time PARTheory was first developed and investigated focused predominantly on deficits and outcomes rather than on the mechanism of coping and the process of resilience (Becvar, 2012b; Somerfield & McCrae, 2000).

Clinical application of IPARTheory. IPARTheory assumes that children subjectively perceive and experience warmth and affection from their parents or primary caregiver(s) as they grow up, and when they feel they are loved, they show good psychological adjustment (Rohner et al., 2012). This theory has been applied in clinical settings. The clinical application has a relatively short history compared to the research findings. However, clinical applications of IPARTheory are gaining increasing attention since its measures have begun to be used as therapy tools (Donoghue, 2010). In that research, IPARTheory's measures and constructs were introduced into a strength-based, interactive assessment and treatment protocol that is used in

collaborative systemic therapy, and in training MFTs in the translation of strength-based theories into clinical practice (Donoghue, Rigazio-DiGilio, & Thurston, 2010).

IPARTheory's clinical protocol introduces a collaborative approach for identifying treatment issues and plans, and for maintaining the active engagement of clients in the therapeutic process—which is a significant predictor of positive therapeutic outcomes (Friedlander, Escudero, & Heatherington, 2006). Additionally, the protocol can be used to provide opportunities for independent reflections and collaborative discussions focused on: (a) identifying and understanding clients' childhood experiences with significant caregivers, (b) differentiating between past and present experiences with significant others, (c) reconsidering expanded or alternate perceptions of these experiences, and (d) developing alternative ways of making sense of relationships with past childhood caregivers and significant others (Rigazio-DiGilio & Rohner, 2015).

Cultural and contextual aspects in IPARTheory. IPARTheory's sociocultural systems subtheory acknowledges cultural and contextual aspects. The first basic question that sociocultural systems subtheory asks is why some people are warm, loving, and accepting, whereas others are cold, aggressive, neglecting, and rejecting. This inquiry investigates whether particular psychological, family, community, and societal factors tend to be associated with variations in interpersonal acceptance and rejection (Rohner et al., 2012). The second question is how the larger society, as well as the behavior and beliefs of people within the society, is affected by the fact that most parents in that society tend to either accept or reject their children. This question examines whether values and beliefs tend to be related with childhood experiences of parental love and withdrawal (Rohner et al., 2012).

IPARTheory's coping subtheory. Benard (1991) reported that one factor associated with resilience is the perception of affection that individuals have in infancy and beyond. IPARTheory investigates emotional connections between parents and children as well as the influence these connections have on psychological health (Hughes, Blom, Rohner, & Britner, 2005; Rohner, 1999). It is reported that responsive and affectionate caregiving enhances the healthy development of children, equipping them with various resilient and protective factors (Cassidy, 1994; Suchman, Pajulo, DeCoste, & Mayes, 2006). This inspires the questions surrounding the ways in which perceived parental warmth shapes resilience, and how IPARTheory is related to resilience concepts (see Figure 1).
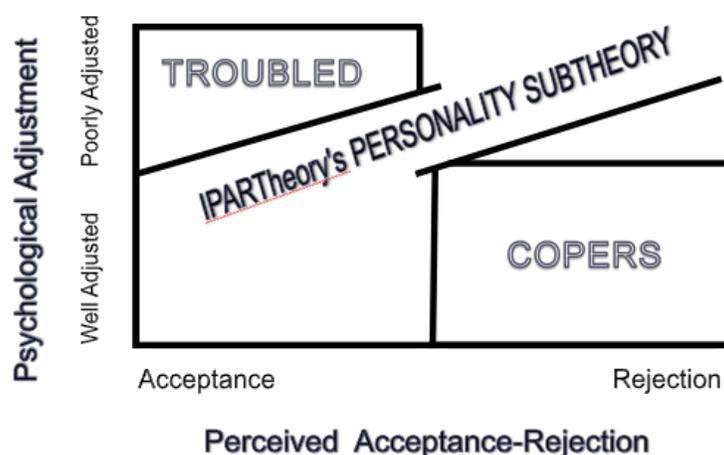
Figure 1. Relations Between Perceived Interpersonal Acceptance-Rejection and Psychological Adjustment.

Coping subtheory investigates the same mystery that many resilience scholars have pondered: What gives some people the resilience to cope more effectively with stress and crisis than others? It is intuitive that people need love and care to adjust well psychologically. However, when primary caregivers neglect to provide love during childhood and individuals experience serious rejection, individuals have difficulty adjusting well to their environment and society, and they have difficulty in becoming resilient. Copers, however, appear to endure the destructive

treatment of day-to-day negative input from childhood without suffering as greatly from the psychological consequences of rejection as many other severely rejected individuals do (Rohner et al., 2012).

Coping subtheory suggests three elements that appear to help individuals cope with the experiences of interpersonal rejection: (a) a clearly differentiated sense of self, (b) a sense of self-determination, and (c) the capacity to depersonalize (Rohner, 1986). That is, coping subtheory posits that individuals require the ability to differentiate themselves from others—more specifically, from the rejecting individuals—to cope effectively with perceived rejection. The more clearly they can differentiate themselves, the better they can cope with rejection. Second, self-determination is an important factor in that self-determined individuals have the capability to control their feelings about what happens to them. These individuals tend to have their own internal beliefs that help to minimize the negative consequences of perceived rejection. Similarly, individuals with the capacity to depersonalize can cope with rejection better than those who cannot depersonalize.

Depersonalization is the opposite concept of personalization, which is one of the cognitive distortions identified by cognitive-behavioral therapy theory (Nichols & Schwartz, 2008; Taylor, Lindsay, & Willner, 2008). Personalizing refers to automatically taking things personally during life events or interpersonal relationships. All three of these features together appear to offer "psychological shields" (Rohner et al., 2012, p. 9) against the negative consequences of perceived rejection (Rohner, 2004).

However, to date, minimal attention has been given to coping subtheory, which is strength-based, positive-oriented, and resilience-driven (Rohner et al., 2012). Thus, there is a lack of sufficient scientific support for coping subtheory, which captures resilience components

of human beings and relationships. The contextual backdrop of this problem is related to the paradigm shift described earlier. That is, early efforts to understand and assess individual and family functioning drew from deficit-based perspectives that were predominant in the social science professions (McCubbin, Cauble, & Patterson, 1982; Pearlin & Schooler, 1982). The focus was on analyzing and fixing problems that were considered wrong and abnormal within individuals and families (Saleebey, 1996). However, in the early 1970s a shift in theory, research, and practice began. This shift moved beyond deficit-based perspectives, predicated on a foundational assumption that no one perspective of normalcy could serve to define successful individual and family development and functioning (Saleebey, 2006).

Maternal acceptance vs. paternal acceptance. Historically, a vast literature on parent-child relationships, including parental acceptance and rejection issues, concentrated on mothers' behaviors. The effect of mother love was considered to be the most significant and dominant in child development (Sunley, 1955). However, recent research has drawn attention to the importance of father love (Rohner & Veneziano, 2001). According to Amato (1994), when young adults were close to their fathers, they reported happier, more satisfied, and less distressed psychological status, regardless of the relationship quality they had with their mothers. In addition, fathers' behaviors were reported to moderate and be moderated by other effects in family dynamics (Baron & Kenny, 1986). Depending on the level of father acceptance-rejection, the impact of mother acceptance-rejection could differentially affect certain child outcomes (Rohner & Carrasco, 2014).

Influence of partner acceptance on psychological adjustment in IPARTheory. IPARTheory addresses the important function of intimate partner relationships on psychological adjustment. It predicts that adults' psychological adjustment is likely to be affected by a

combination of perceived partner acceptance in adulthood and remembered parental acceptance in childhood (Rohner, 2008). The first study testing this hypothesis used a sample of 88 heterosexual adult women attending a northeastern U.S. university (Khaleque, 2001). Findings from other studies support the assumption that humans have developed over the course of biobehavioral co-evolution the need for acceptance from significant others (Rohner, 2008).

Results from these studies show that—for most adults—remembrances of parental acceptance in childhood as well as their perceptions of current partner acceptance are associated with psychological adjustment for both men and women. There were, however, important gender differences in several of the studies. For instance, Finnish women appeared to be psychologically affected by their partners' acceptance whereas Finnish men did not (Khaleque, Rohner, & Laukkala, 2008). Gender differences were also found in a Japanese sample. In addition, even though results of multiple regression analyses in these two societies did not provide one overall conclusion for men, women's psychological adjustment did tend to be affected by their perceptions of both partner and paternal acceptance, but not necessarily by maternal acceptance (Rohner, 2008).

IPARTheory and adult attachment. Many of the basic premises of IPARTheory resemble those of attachment theory in that the early experiences with attachment figure(s) do influence various outcomes in life, such as behaviors, development, personality dispositions, and psychological adjustment of human beings (Hughes et al., 2005). Attachment theory assumes that infants' and children's proximity to their primary caregivers permits them to form attachment relationships, with the nature of those relationships tied to the quality of the interactions (Ainsworth, 1979). This basic notion of attachment theory is applied to adult romantic relationships, suggesting that attachment history with primary caregivers influences

adult attachment styles in intimate partner relationships (Fraley & Shaver, 2000; Hazan & Shaver, 1987). According to the conceptual framework of adult attachment, the emotional and behavioral interactions between infants and their primary caregivers form the internal working model of attachment, and adult intimate partner relationships are influenced by the same attachment system (Hazan & Shaver, 1987).

Purpose of Study

In this exploratory study, I investigate affective copers and factors related to their capacity for coping and resilience. The resilience-oriented coping subtheory provides important knowledge regarding characteristics of copers and factors associated with their coping and resilience ability within the context of perceived parental acceptance and rejection in families. In addition, coping and resilience research provides a crucial knowledge-base for resilience-oriented clinical practice. Given these considerations, seven research questions are addressed in this study. These are:

(1) What percent of adults in a large multicultural sample remember having been seriously rejected by one or both parents in childhood?

(2) What percent of the adults who remember having been seriously rejected in childhood are affective copers—that is, tend to self-report positive psychological adjustment, in spite of experiencing serious parental rejection in childhood?

(3) Does affective coping tend to vary significantly by (a) age or (b) gender?

(4) Are there significant gender differences in male copers' and female copers' remembrances of maternal versus paternal acceptance in childhood?

(5) To what extent is the psychological adjustment of male copers and female copers correlated with age and with remembrances of maternal versus paternal acceptance in childhood?

(6) Do adults' remembrances of acceptance in childhood by one parent buffer (moderate) the effects of remembered rejection by the other parent?

(7) Does perceived acceptance by one's adult intimate partner mediate the relationship between remembered parental rejection in childhood and the psychological adjustment of adult copers?

As already noted, this dissertation focuses primarily on affective copers. Secondarily—for comparison purposes—the same analyses were conducted for non-copers from research question (4) through (7). Non-copers are adults who remember having been rejected by their parents in childhood and who are in a state of poor psychological adjustment.

Method

Computer files in the Rohner Center for the Study of Interpersonal Acceptance and Rejection at the University of Connecticut provided data for this study. Permission to use primary data was granted by Ronald P. Rohner. Authors of the individual studies gave permission for secondary analysis when allowing the data sets to be archived in the Rohner Center. In order to identify affective copers, quantitative data that contain the results for the Parental Acceptance-Rejection Questionnaire (PARQ) and Personality Assessment Questionnaire (PAQ) were collected. In addition, data that contain the scores for the Intimate Adult Relationship Questionnaire (IARQ) were collected. Affective copers were operationally defined as those adults who score at or below 142 on the Adult PAQ, and who score at or above 140 on the Adult PARQ (see measurement details below). These scores reveal the remembrances of serious parental (maternal and/or paternal) rejection in childhood, but positive self-reported psychological adjustment in adulthood. Non-copers were operationally defined as those adults who score above 142 on the Adult PAQ, and who score at or above 140 on the Adult PARQ.

These scores reveal the remembrances of serious parental (maternal and/or paternal) rejection in childhood and significant psychological maladjustment in adulthood.

Sample

Files in the Rohner Center yielded a total sample of 11,946 adults from 10 countries (see Table 1). Of these, 4,124 were men and 6,885 were women, excluding missing data. The mean age of adults was 25.57 years ($SD = 8.24$). In addition to information about adults' remembrances of parental acceptance-rejection in childhood and their current psychological adjustment, demographic information was also available about respondents' age, gender, level of education, and country of origin. The sample was limited to participants who had been in a romantic relationship in the past year, due to the study's objective of examining the associations between parental and partner acceptance on psychological adjustment.

Table 1

Sources of Data by Country

	n	*%*
USA	6617	55.4
Colombia	1702	14.2
Bangladeshi	1105	9.2
Turkey	909	7.6
Kuwait	389	3.3
India	307	2.6
Japan	202	1.7
Serbia	190	1.6
Korea	133	1.1
Ukraine	107	.9
Missing	285	2.4
Total *N*	11,946	100

Measures

In order to be included in the research, adults had to respond to four measures: (a) Personal Information Form (PIF; Rohner, 2005b), (b) Adult version of the Parental Acceptance-

Rejection Questionnaire for mothers (Adult PARQ: mother; Rohner, 2005a), (c) Adult version of the Parental Acceptance-Rejection Questionnaire for fathers (Adult PARQ: father; Rohner, 2005a), the (d) Intimate Adult Relationship Questionnaire (IARQ; Rohner, 2005a), and (e) Adult version of the Personality Assessment Questionnaire (Adult PAQ; Rohner & Khaleque, 2005). Each of these is described more fully below.

PIF. The PIF was used to collect social demographic data such as age, gender, education, nation, and so forth.

Adult PARQ: Mother and Father. These self-report measures are almost identical except that one says "My mother did…", and the other says "My father did…". Both consist of 60 items designed to measure the level of individuals' remembrances of maternal and paternal acceptance-rejection in childhood. Both measures contain four subscales: (a) Warmth/Affection (e.g., "My mother [or father] made me feel wanted and needed"), (b) Hostility/Aggression (e.g., "My mother [or father] treated me harshly"), (c) Indifference/Neglect (e.g., "My mother [or father] ignored me as long as I did nothing to bother her [him]"), and (d) Undifferentiated Rejection (e.g., "My mother [or father] did not really love me").

Individuals respond to items such as these on a 4-point Likert scale from 1 (almost never true) through 4 (almost always true). Possible scores range from a low of 60 (maximum remembered acceptance) to a high of 240 (maximum remembered rejection). Scores at or above 150 indicate perceptions of qualitatively more parental rejection than acceptance. However, scores at or above 140 also indicate serious parental rejection. In U.S. samples, most of respondents who perceive their parents as loving and accepting fall between 90 and 110 (Rohner et al., 2012).

The PARQ measures have been used in more than 500 studies within the U.S. and internationally. Extensive information about their reliability and validity is well documented (Rohner, 2005a). For example, measures of reliability along with measures of discriminant and convergent validity show the instruments to be sound. Coefficients alphas for the mother version of the Adult PARQ ranged in a validation study in 1975 from .86 to .95. A second study of 58 students at the University of Connecticut by Rohner and Cournoyer in 1975 revealed a spread of alphas from .83 to .96. Mean test/retest reliability of all versions of the Adult PARQ across time spans ranging from six through 12 months is .93. Rohner (2005a) provided evidence regarding the convergent validity and discriminant validity of the PARQ.

IARQ. This self-report measure consists of 60 items that are almost identical to PARQ items except that the IARQ is designed to measure the relationship quality among intimate adults. According to the IARQ questionnaire instruction, participants who have been at any time during the past year in an emotionally deep or intimate relationship with someone completed the questionnaire. IARQ items comprise the same four subscales as the PARQ: (a) Warmth/Affection (e.g., "My partner makes me feel wanted and needed"), (b) Hostility/Aggression (e.g., "My partner treats me harshly"), (c) Indifference/Neglect (e.g., "My partner ignores me as long as I do nothing to bother her [him]"), and (d) Undifferentiated Rejection (e.g., "My partner does not really love me"). The IARQ also is scored on a 4-point Likert scale from 1 (almost never true) through 4 (almost always true), with higher scores revealing perceptions of more partner rejection.

The IARQ has also been shown to have sound reliability, convergent validity, and discriminant validity (Rohner, 2005a). Reliability coefficients (alphas), for example, tend to

range from .86 to .93. Finally, evidence provided in Rohner and Khaleque (2010) shows the

measure to be reliable and valid for use in multicultural and multiethnic research.

Adult PAQ. This self-report measure consists of 63 items, and is intended to measure

respondents' self-reports of their own psychological adjustment. The PAQ contains seven

subscales including: (a) Hostility/Aggression (e.g., "I find myself pouting or sulking when I get

angry"), (b) Dependence (e.g., "I like friends to make a fuss over me when I am hurt or sick"),

(c) Negative Self-Esteem (e.g., "I get disgusted with myself"), (d) Negative Self-Adequacy (e.g.,

"I am overcome by feelings of inadequacy"), (e) Emotional Unresponsiveness (e.g., "I feel

distant and detached from most people"), (f) Emotional Instability (e.g., "I get upset easily when

I meet difficult problems"), and (g) Negative Worldview (e.g., "I view the universe as a

threatening, dangerous place").

Individuals respond to items on a 4-point Likert scale from 1 (almost never true) through

4 (almost always true). The maximum possible score is 252 indicating severe psychological

maladjustment. The minimum possible score is 63 indicating maximum self-reported

psychological adjustment. The lower the score, the better the psychological adjustment. Thus,

scores up to about 93 reveal excellent psychological adjustment, and scores from about 94

through 157 reveal good to fair adjustment. Scores from about 158 through 220, however, reveal

significant (but not severe) psychological maladjustment, and scores from 221 through 252

reveal severe psychological maladjustment.

The PAQ has also been shown sound reliability, convergent validity, and discriminant

validity (Rohner & Khaleque, 2005). Adult PAQ reliability coefficients (alphas) ranged from .73

to .85 (Rohner & Khaleque, 2005). Additional evidence provided in Rohner and Khaleque

(2005) shows the measures to have convergent and discriminant validity for use in multicultural and multi-ethnic research.

Data Analysis Procedures

Descriptive statistics provided information about the number (and percent) of rejected individuals and affective copers. These statistics also provided information about the mean (*SD*) of PARQ and PAQ scores for copers and non-copers. Point-biserial correlation analysis was used to examine the association between age and coping. *Z*-scores were calculated to investigate the association between gender and coping. An independent samples t-test was conducted to examine gender differences on maternal acceptance, paternal acceptance, and psychological adjustment. Paired *t*-tests were used to determine if there were significant gender differences in male copers and female copers' remembrances of maternal versus paternal acceptance in childhood. Because there were significant gender differences, all further analyses, including paired *t*-tests, correlational analysis (to address the research question 5), multiple regression analysis (to address the research question 6), and path analysis (to address the research question 7), were calculated separately by gender. For the multiple regression models, the maternal acceptance scores, paternal acceptance scores, and the interaction term (maternal acceptance by paternal acceptance) were centered to reduce multicollinearity issues (i.e., high correlations) among variables in the regression model (Frazier et al., 2004).

Results

Results of each seven research question asked in this study are reported and discussed separately.

(1) What Percent of Adults in a Large Multicultural Sample Remember Having Been Seriously Rejected by One or Both Parents in Childhood?

Results of descriptive statistics shown in Table 2 indicate that there were 2,016 rejected individuals in a total sample of 11,946 adults. These figures suggest that approximately 16.88% of the adults remembered having been seriously rejected in childhood. These data show that the rejected individuals experienced severe maternal and/or paternal rejection, and self-reported poor psychological adjustment.

Table 2

*Descriptive Statistics for **Rejected Individuals***

	n	*%*	Maternal Acceptance *M*	*SD*	Paternal Acceptance *M*	*SD*	Psychological Adjustment *M*	*SD*
All Rejected Combined	2,016	16.88	135.07	37.55	149.29	32.44	146.99	25.75
Rejected by Both Parents	566	4.74	162.74	22.35	167.13	23.41	157.24	24.42
Rejected by Mother Only	515	4.31	163.93	21.81	105.94	22.34	143.61	26.72
Rejected by Father Only	935	7.83	102.07	21.61	160.14	19.63	142.67	24.26

Note. The total sample *N* = 11,946.

(2) What Percent of the Adults Who Remember Having Been Seriously Rejected in Childhood Are Affective Copers—That is, Tend to Self-Report Positive Psychological Adjustment, in Spite of Experiencing Serious Parental Rejection in Childhood?

Table 3 shows the descriptive statistics results for copers. Eight hundred eleven (6.79%) of the adults in the total sample were affective copers; 40.2% of all adults who felt rejected as children were also affective copers. According to the results in Table 3, these copers remembered having experienced severe rejection in maternal and/or paternal acceptance, but showed good psychological adjustment.

Table 3

*Descriptive Statistics for **Copers***

	n	*%*	Maternal Acceptance		Paternal Acceptance		Psychological Adjustment	
			M	*SD*	*M*	*SD*	*M*	*SD*
All Copers Combined	811	6.79	127.46	42.12	146.93	36.34	121.92	14.46
Rejected by Both Parents	133	1.11	168.60	24.79	172.63	28.53	123.86	13.13
Rejected by Mother Only	227	1.90	166.23	23.94	99.39	23.10	118.86	14.73
Rejected by Father Only	451	3.78	95.81	21.51	161.50	19.44	122.89	14.49

Note. The total sample $N = 11,946$.

Table 4 shows descriptive statistics results for non-copers for comparison. There were

Table 4

*Descriptive Statistics for **Non-copers***

	n	*%*	Maternal Acceptance		Paternal Acceptance		Psychological Adjustment	
			M	*SD*	*M*	*SD*	*M*	*SD*
All Non-copers Combined	1,175	9.84	139.88	32.90	151.00	29.53	164.29	15.59
Rejected by Both Parents	423	3.54	160.74	21.19	165.40	21.36	167.73	16.40
Rejected by Mother Only	278	2.33	161.58	19.01	111.03	20.44	163.83	14.47
Rejected by Father Only	474	3.97	108.07	20.00	159.14	19.87	161.48	14.90

Note. The total sample $N = 11,946$.

1,175 non-copers (excluding missing values of PAQ scores) out of 11,946 adults. This figure

represents 9.84% of the total sample, and 58% of the 2,016 rejected individuals. These non-

copers also reported serious maternal and/or paternal rejection in childhood, and they self-

reported poor psychological adjustment. The number of copers (811) and non-copers (1,175) do

not sum to the total number of rejected individuals (2,016) because of missing values of PAQ scores when identifying copers and non-copers.

Table 5 shows descriptive statistics for all accepted individuals for comparison. There were 9,628 individuals accepted by both parents (excluding missing values of MPARQ and FPARQ scores) out of 11,946 adults. This figure represents 80.53% of the total sample. I should note that this number plus all rejected individuals do not sum to the total population due to missing MPARQ and FPARQ data. These accepted individuals showed high level of acceptance in maternal acceptance and/or paternal acceptance, and showed good psychological adjustment.

Table 5

*Descriptive Statistics for **Accepted Individuals***

			Maternal Acceptance		Paternal Acceptance		Psychological Adjustment	
	n	*%*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Accepted by Both Parents	9,628	80.53	89.09	18.66	93.21	20.29	126.05	22.74

Note. The total sample $N = 11,946$; The number of all accepted individuals (9,628) and the number of all rejected individuals (2,016) do not add up to the number of total sample due to missing values.

(3) Does Affective Coping Tend to Vary Significantly by (a) Age or (b) Gender?

Results of point-biserial correlations answered research question (3a), Does affective coping tend to vary significantly by *age*? Point-biserial correlation analysis is used when one variable is continuous (age, in this study) and the other is categorical (copers vs. non-copers). Results indicate that age is significantly though minimally correlated with coping ($r_{pb} = -.15$, $p < .01$): Younger adults tended to cope slightly better than older adults.

Z-score calculation answered research question (3b), Does affective coping tend to vary significantly by *gender*? In effect this question asks: What percent of affective copers are men and what percent are women? Results of a *z*-score calculation between number of male copers

and female copers indicated that there were significant differences between male copers and female copers: Approximately 36% ($n = 258$) of the rejected men, and 64.4% ($n = 466$) of the rejected women were copers. There were significantly more female copers than male copers, $z = -10.93$, $p < .05$.

In addition, an independent samples t-test was conducted to examine gender differences on maternal acceptance, paternal acceptance, and psychological adjustment among copers. Results indicate that male copers remembered having experienced significantly more maternal acceptance in childhood than did female copers, $t(605) = -3.86$, $p < .001$, $d = .31$, 95% CI [-17.99, -5.86]. Women remembered having perceived significantly more paternal acceptance than did men, $t(641) = 3.76$, $p < .001$, $d = .30$, 95% CI [4.71, 15.04]. An independent samples t-test for gender differences was also conducted among non-copers. Results indicate that female non-copers remembered having experienced more paternal acceptance than did males, $t(1080) = 4.66$, $p < .001$, $d = .28$, 95% CI [4.57, 11.24]. Because of these significant gender differences, all of the further analyses were conducted separately for men and women.

(4) Are There Significant Gender Differences in Male Copers' and Female Copers' Remembrances of Maternal Versus Paternal Acceptance in Childhood?

Paired t-tests between male copers' and female copers' remembrances of maternal acceptance versus paternal acceptance in childhood were conducted. Results of the paired t-test showed that male copers remembered having experienced significantly more maternal acceptance than paternal acceptance in childhood, $t(252) = -9.73$, $p < .001$. Female copers also remembered having experienced significantly more maternal acceptance than paternal acceptance in childhood, $t(457) = -3.82$, $p < .001$.

Also, paired *t*-tests between male non-copers' and female non-copers' remembrances of maternal acceptance versus paternal acceptance in childhood were conducted. Results showed that male non-copers remembered having experienced significantly more maternal acceptance than paternal acceptance in childhood, $t(482) = -9.34$, $p < .001$. Female non-copers also remembered having experienced significantly more maternal acceptance than paternal acceptance in childhood, $t(612) = -4.22$, $p < .001$.

(5) To What Extent is the Psychological Adjustment of Male Copers and Female Copers Correlated with Age and with Remembrances of Maternal Versus Paternal Acceptance in Childhood?

Correlations were computed to answer research question (5). Results displayed in Table 6 show that male copers' psychological adjustment correlated significantly with remembrances of maternal acceptance and age, but not with paternal acceptance during childhood. The more male copers remembered having been accepted by their mothers, the better was their psychological adjustment. In addition, older male copers showed better psychological adjustment than younger copers, although the effect size was small.

Female copers' psychological adjustment, in contrast, was significantly associated with both remembered maternal acceptance and paternal acceptance, as well as with age. However, unlike males, the relationship between maternal acceptance and psychological adjustment was negative among female copers. Although female copers remembered having been rejected by their mothers, their psychological adjustment level was good. In addition, younger female copers showed marginally better psychological adjustment than did older ones.

Table 6

*Correlations Among **Copers**' Psychological Adjustment, Remembered Parental Acceptance, and Age, by Gender of Respondent*

	1	2	3	4
1. Psychological Adjustment	-	**.31****	.12	**.14***
2. Maternal Acceptance	**-.11***	-	**-.37****	.10
3. Paternal Acceptance	**.18****	**-.37****	-	.13
4. Age	**-.10***	**.26****	-.04	-

Note. Correlations above the diagonal are for men (*n* = 258); correlations below the diagonal are for women (*n* = 466); the number of male copers and the number of female copers do not add up to the total number of copers due to missing values.
*p < .05, ***p* < .01.

Table 7 shows that male non-copers' psychological adjustment correlated significantly

Table 7

*Correlations Among **Non-copers**' Psychological Adjustment, Remembered Parental Acceptance, and Age, by Gender of Respondent*

	1	2	3	4
1. Psychological Adjustment	-	**.33****	**.29****	**-.09***
2. Maternal Acceptance	**.20****	-	**.16****	.04
3. Paternal Acceptance	**.13****	**-.24****	-	-.04
4. Age	-.04	**.12****	**-.12****	-

Note. Correlations above the diagonal are for men (*n* = 501); correlations below the diagonal are for women (*n* = 620); the number of male non-copers and the number of female non-copers do not add up to the total number of copers due to missing values.
*p < .05, ***p* < .01.

with remembrances of both maternal acceptance and paternal acceptance during childhood, and marginally with age. The more male non-copers remembered having been accepted by their parents, the better was their psychological adjustment; in addition, younger male non-copers showed better psychological adjustment than older ones, although the effect size was small.

Female non-copers' psychological adjustment was also significantly associated with both remembered maternal acceptance and paternal acceptance in childhood, but not with age. Female non-copers who remembered having been somewhat accepted by either their mother or father self-reported better psychological adjustment than did those women who did not experience such affection.

(6) Do Adults' Remembrances of Acceptance in Childhood by One Parent Buffer (Moderate) the Effects of Remembered Rejection by the Other Parent?

Multiple regression analysis was used to answer research question (6). Results of the regression analyses are summarized in Tables 8 and 9. Results shown in Table 8 indicate that 14% of the variance in male copers' psychological adjustment and 7% of the variance in female copers' adjustment could be accounted for by a linear combination of all the variables (i.e., maternal acceptance, paternal acceptance, and age).

For male copers, maternal acceptance and paternal acceptance were significant predictors of psychological adjustment. The more maternal and paternal acceptance male copers remembered having experienced in childhood, the better was their psychological adjustment. However, paternal acceptance neither attenuated nor intensified the relationship between maternal acceptance and psychological adjustment. Similarly, maternal acceptance neither diminished nor intensified the association between remembered paternal acceptance and psychological adjustment of male copers.

Table 8

*Multiple Regression Analysis Predicting Psychological Adjustment of **Copers**, by Gender*

	Men			Women		
Variables	B	SE	β	B	SE	β
Age	.12	.09	.09	-.15	.07	**-.10***
Maternal Acceptance	.14	.02	**.39***	-.03	.02	-.08
Paternal Acceptance	.10	.03	**.21**	-.01	.02	-.02
Maternal Acceptance x Paternal Acceptance	.00	.00	.01	.00	.00	**.25***

Note. Adjusted R^2 = .14 for men; .07 for women.
*$p < .05$, **$p < .01$, ***$p < .001$.

For female copers, on the other hand, age and an interaction between maternal and paternal acceptance were significant predictors of psychological adjustment. Neither maternal acceptance nor paternal acceptance by itself, however, was a significant predictor. In effect, female copers' remembrances of *paternal* acceptance moderated the relation between remembered maternal rejection and women's psychological adjustment. Similarly, female copers' remembrances of *maternal* acceptance moderated the relationship between remembered paternal rejection and women's psychological adjustment. The results also showed that younger women tended to be better copers than older women. However, the Beta was so small ($\beta = -.10$) that the effect of age on female copers' psychological adjustment could be regarded as almost trivial.

The significant interactions were plotted. Figure 2 shows the interaction plot for female copers when the moderator was paternal acceptance. Because paternal acceptance is a continuous variable, the range was split into three groups. The red solid line is the lowest 25% of PARQ scores (most accepted); the green dashed line is the median 50%; and the blue dotted line is the highest 25% (most rejected). Results of analyses suggest that under the condition of high

paternal acceptance (the red solid line) the intensity of the relation between remembered

maternal rejection in childhood and female copers' psychological maladjustment was attenuated.

But under the condition of high paternal rejection (the blue dotted line) the intensity of the

relation between remembered maternal rejection in childhood and female copers' psychological

maladjustment intensified. The same pattern appeared when the moderator was maternal
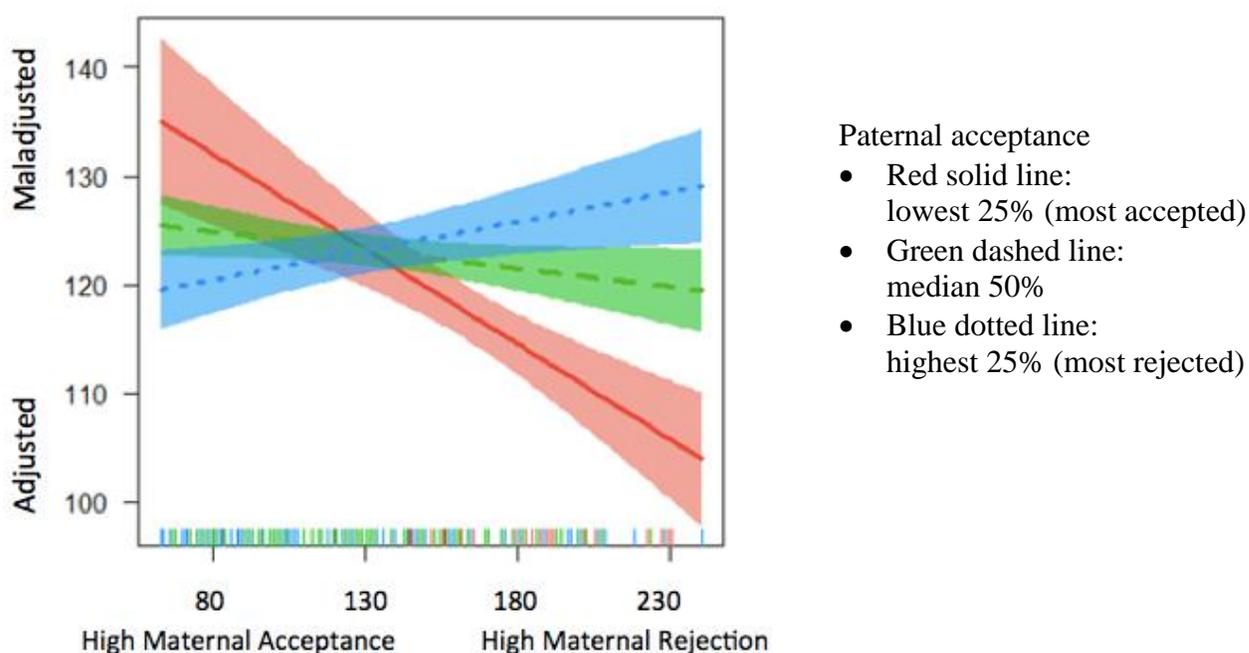
acceptance.

Paternal acceptance
- Red solid line:
  lowest 25% (most accepted)
- Green dashed line:
  median 50%
- Blue dotted line:
  highest 25% (most rejected)

Figure 2. **Female Copers**' Remembrances of Paternal Acceptance Moderate the Relation
Between Remembered Maternal Rejection and Women's Psychological Adjustment.

Results of multiple regression analysis of non-copers are shown in Table 9. These results

indicate that 17% of the variance in male non-copers' psychological adjustment and 8% of the

variance in female non-copers' adjustment could be accounted for by a linear combination of all

the variables together (i.e., remembered maternal acceptance, remembered paternal acceptance,

age, and an interaction between maternal and paternal acceptance).

Table 9

*Multiple Regression Analysis Predicting Psychological Adjustment of **Non-copers**, by Gender*

	Men			Women		
Variables	B	SE	β	B	SE	β
Age	0.21	.10	**-.09***	-.10	.08	-.05
Maternal Acceptance	.11	.03	**.22*****	.12	.02	**.25*****
Paternal Acceptance	.14	.03	**.21*****	.07	.02	**.14****
Maternal Acceptance x Paternal Acceptance	.00	.00	**.12***	.00	.00	.07

Note. Adjusted R^2 = .17 for men; .08 for women.
*p < .05, **p < .01, ***p < .001.

For male non-copers, all the variables in the model (i.e., age, maternal acceptance, paternal acceptance, and an interaction between maternal acceptance and paternal acceptance) were significant predictors of psychological adjustment. For female non-copers, maternal acceptance and paternal acceptance were significant predictors of psychological adjustment, but the interaction between maternal acceptance and paternal acceptance was not significant.

Significant interactions for male non-copers were plotted. Figure 3 shows the interaction plot when the moderator was paternal acceptance. As was done before, the range was split into three groups. The red solid line is the lowest 25% of PARQ scores (most accepted); the green dashed line is the median 50%; and the blue dotted line is the highest 25% (most rejected). As shown in Figure 3, results of analyses suggest that remembrances of paternal acceptance-rejection in childhood did not have a great effect on male non-copers' psychological adjustment until the remembrances reached higher levels of paternal rejection at which point the level of male non-copers' psychological maladjustment intensified markedly. The same pattern appeared when the moderator was maternal acceptance.
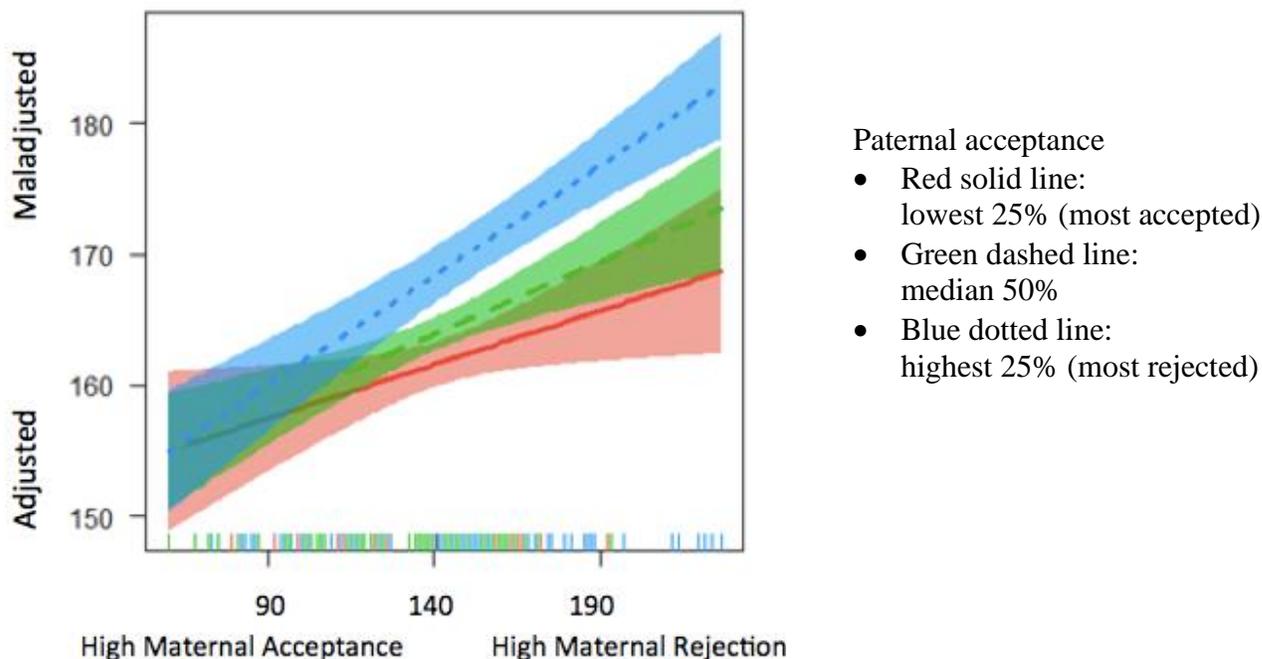
Figure 3. **Male Non-copers**' Remembrances of Paternal Acceptance Moderate the Relation Between Remembered Maternal Rejection and Men's Psychological Adjustment.

(7) Does Perceived Acceptance by One's Adult Intimate Partner Mediate the Relationship Between Remembered Parental Rejection in Childhood and the Psychological Adjustment of Adult Copers?

Path analysis was conducted to see if partner acceptance mediated the relationship between remembrances of parental (maternal and paternal) acceptance in childhood and copers' (men's versus women's) psychological adjustment. Figure 4 shows the β for each path for male copers. The model fit indices showed good model fit, CFI = 1.000, TLI = 1.000, RMSEA = 0.000. However, the paths from maternal acceptance and paternal acceptance to partner acceptance were not significant. Thus, I conclude that partner acceptance did not mediate the relationship between remembered parental acceptance and psychological adjustment for male copers.
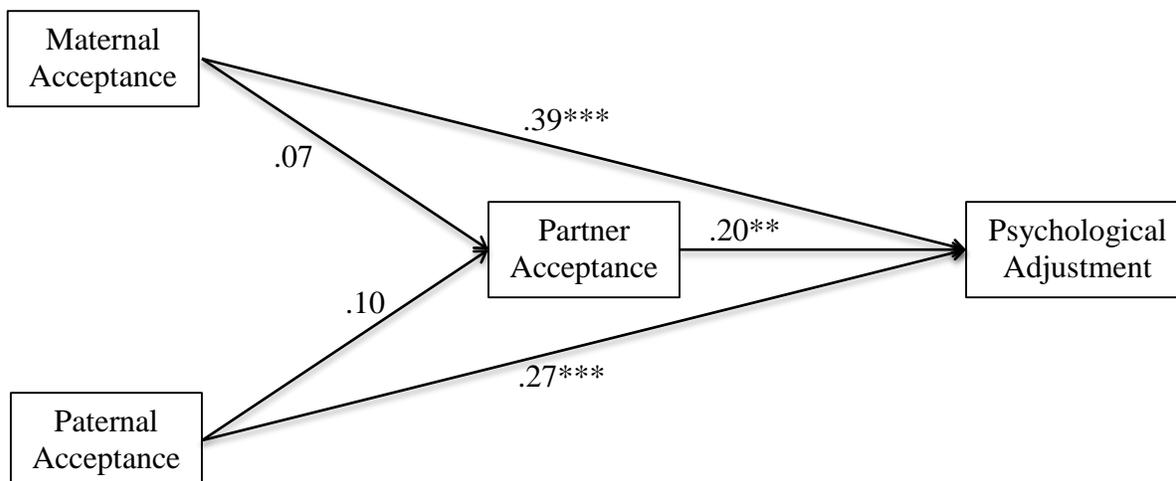
Figure 4. Mediation Model for **Male Copers** (Baseline Model).

A similar pattern was found for female copers (see Figure 5). The overall model fit was good according to model fit indices, CFI = 1.000, TLI = 1.000, RMSEA = 0.000. However, the path coefficients show that remembrances of maternal and paternal acceptance in childhood did not mediate the relationship between parental acceptance and psychological adjustment for female copers.
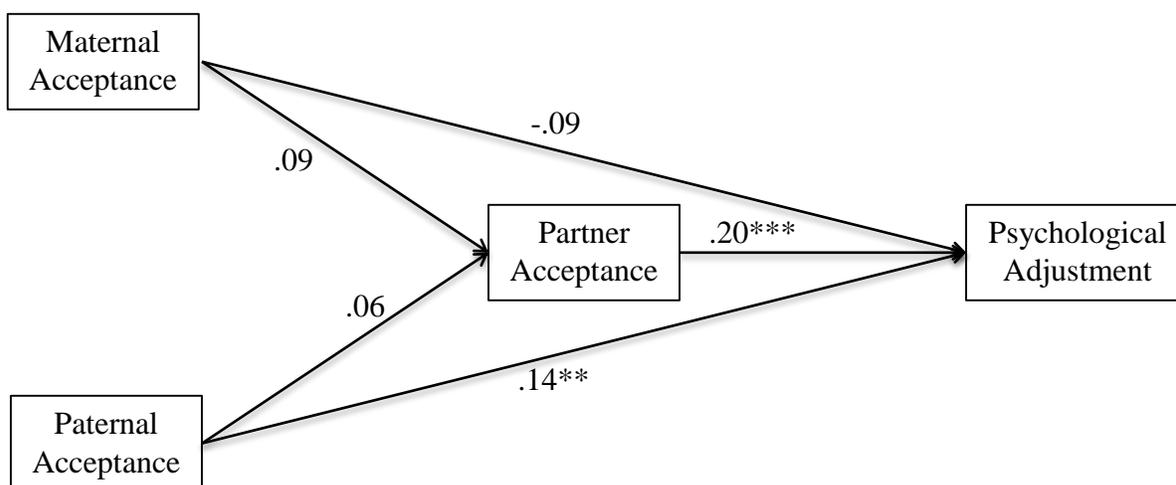

Figure 5. Mediation Model for **Female Copers** (Baseline Model)

The SEM path model of testing partner acceptance as a mediator between remembrances of

parental acceptance (maternal and paternal) in childhood and psychological adjustment for non-copers fits the data well for both men and women. The mediation model for male non-copers had a good model fit, CFI = 1.000, TLI = 1.000, RMSEA = 0.000. In Figure 6, the path from remembered maternal acceptance to partner acceptance was significant, β = .53, p < .001, and the path from partner acceptance to psychological adjustment was also significant, β = .20, p < .01. Moreover, the path from remembered maternal acceptance to male non-copers' psychological adjustment was also significant, β = .26, p < .001. These results reveal that partner acceptance partially mediated the relationship between remembered maternal acceptance and psychological adjustment for male non-copers. Perceived partner acceptance, however, did not mediate the relationship between remembered paternal acceptance in childhood and male non-copers' current psychological adjustment.
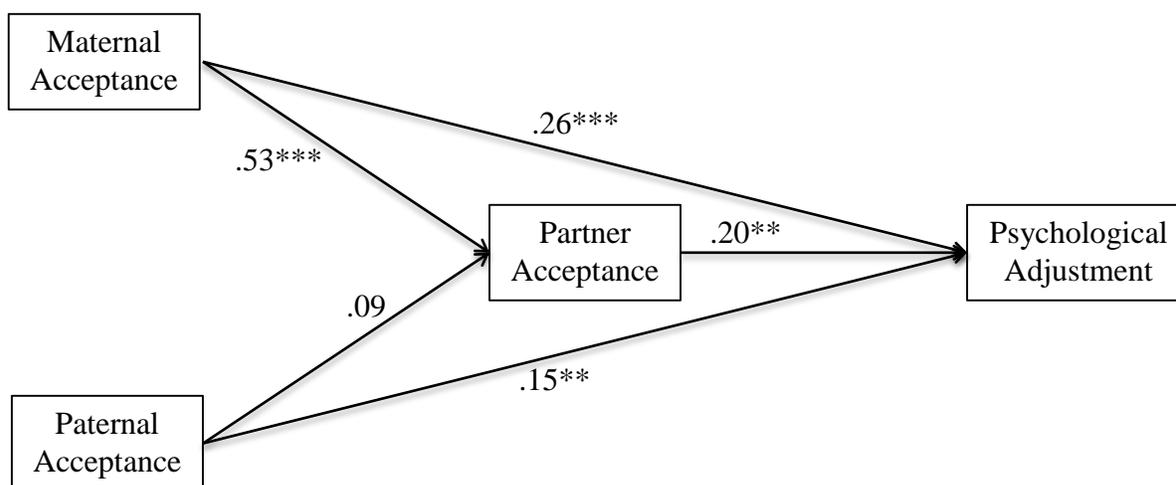

Figure 6. Mediation Model for **Male Non-copers** (Baseline Model)

The mediation model for female non-copers also had a good model fit, CFI = 1.000, TLI = 1.000, RMSEA = 0.000. Figure 7 shows the mediation effect of partner acceptance for them. The paths from remembered maternal and paternal acceptance to partner acceptance were significant, β = .31, p < .001 for maternal acceptance; β = .22, p < .001 for paternal acceptance. The paths

from remembered maternal and paternal acceptance to psychological adjustment were also

significant, $\beta = .17$, $p < .001$ for maternal acceptance; $\beta = .14$, $p < .01$ for paternal acceptance.

Moreover, the path from partner acceptance to psychological adjustment of female non-copers

was also significant, $\beta = .09$, $p < .05$. Thus, I conclude that perceived partner acceptance

mediated the relation between remembered parental (maternal and paternal) acceptance in

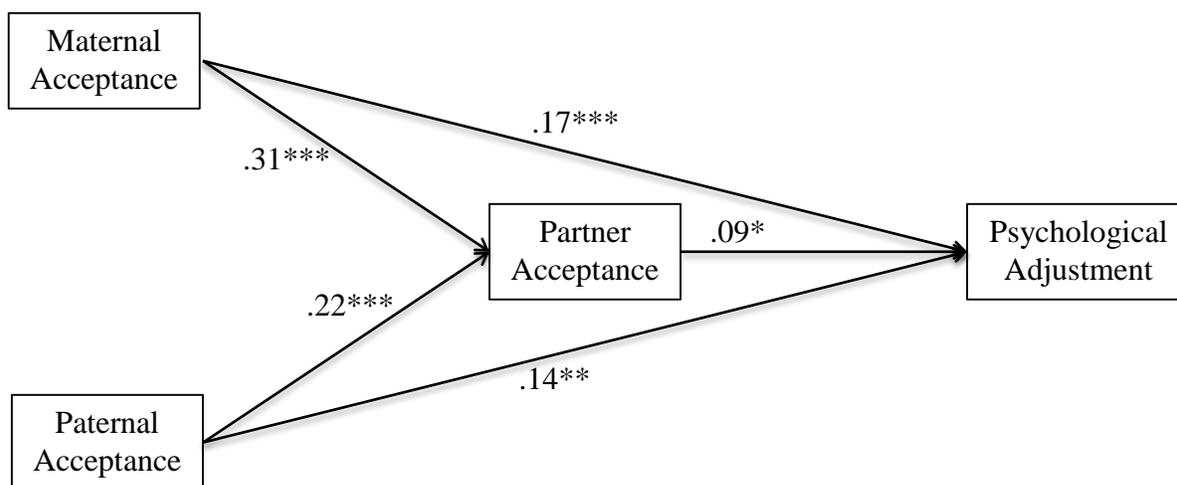childhood and female non-copers' current psychological adjustment.

Figure 7. Mediation Model for **Female Non-copers** (Baseline Model)

Because partner acceptance mediated this relationship, further testing of alternative

models was conducted in order to discover the most parsimonious model that explained the

relationship. The most parsimonious model is preferred in path analysis. The first alternative

models were the mediation models without paths from *either* remembered maternal acceptance

or paternal acceptance to psychological adjustment. If either of these two models has a model fit

as good as or better than the baseline model, then this alternative model becomes the final model

because it is more parsimonious in that it has fewer paths than the baseline model. The second

alternative model was the baseline mediation model without the paths from *both* maternal *and*

paternal acceptance to psychological adjustment. If this alternative model has a model fit as good

as or better than the baseline model, then this becomes the final model.

These three alternative models were tested for both male non-copers and female non-copers. Results showed that when the path from remembered maternal acceptance to psychological adjustment of male non-copers was removed, the model fit was weakened, $\chi^2 =$ 0.000, CFI = 0.915, TLI = 0.577, RMSEA = 0.219. I conducted alternative model testing only when there was a mediation effect. In this context, I included a mediation model when maternal acceptance was the predictor. Thus, the baseline model shown in Figure 6 was the best-fitting model for the mediation effect of partner acceptance on the relationship between maternal acceptance and psychological adjustment of male non-copers.

For female non-copers, when the path from remembered maternal acceptance to psychological adjustment was removed, the model fit also was weakened, $\chi^2 = 0.000$, CFI = 0.847, TLI = 0.233, RMSEA = 0.153. Moreover, when the path from remembered paternal acceptance to psychological adjustment was removed, the model fit was also weakened, $\chi^2 =$ 0.002, CFI = 0.893, TLI = 0.466, RMSEA = 0.128. Finally, when both of the paths from parental (maternal *and* paternal) acceptance to psychological adjustment were removed, the model fit was weakened, $\chi^2 = 0.000$, CFI = 0.816, TLI = 0.539, RMSEA = 0.119. Therefore, I conclude that the baseline model shown in Figure 7 is the best-fitting model for the mediation effect of partner acceptance on the relationship between parental acceptance and psychological adjustment of female non-copers.

Discussion

This study is an exploratory study to investigate adult affective copers, who—by definition—are persons who experienced serious rejection from parents in their childhood but report positive psychological adjustment in adulthood. This study reveals that the majority of

individuals internationally remember themselves to have been accepted by their parents in childhood, as predicted in IPARTheory's personality subtheory. Moreover, the study reveals the fact that many individuals who remember themselves to have been seriously rejected in childhood can still be reasonably well-adjusted psychologically, as theorized in IPARTheory's coping subtheory. These individuals are referred as affective copers. Important characteristics of these people were discovered in the current study, and were compared to non-copers—that is, to adults who remember having been rejected by their parents in childhood and who are in a state of poor psychological adjustment.

Gender differences in remembered parental acceptance in childhood characterize both affective copers and non-copers. For female copers, neither remembrances of maternal acceptance nor paternal acceptance *by itself* was a significant predictor of psychological adjustment. However, female copers' remembrances of paternal acceptance in childhood does moderate the relation between remembered maternal rejection in childhood and the women's current psychological adjustment. That is, under the condition of high paternal acceptance, the intensity of the relation between remembered maternal rejection in childhood and female copers' psychological maladjustment diminished. But under the condition of high paternal rejection the intensity of the association between remembered maternal rejection in childhood and female copers' psychological maladjustment intensified. The same pattern appeared when the moderator was maternal acceptance.

These conclusions are simply an alternative way of saying that, for women who cope, remembrances of acceptance in childhood by one parent attenuate the effect of remembered childhood rejection by the other parent. The capacity for men's coping, however, is not significantly affected in this way. For them, psychological adjustment was predicted by

remembrances of both paternal and maternal acceptance in childhood, but not by an interaction between maternal and paternal acceptance. These results seem to be consistent with the conclusion that men tend more than women to use avoidant or withdrawal strategies in coping with relationship issues (e.g., Broderick, 1998; Butler & Nolen-Hoeksema, 1994)—rather than actively seeking support or engaging other relationships as do women (Tamres et al., 2002). That is, women have greater tendency than men to seek social support for emotional reasons, and to use interpersonal relationships to help with coping (Tamres et al., 2002). In their meta-analytic review of gender differences in coping behaviors (Tamres et al., 2002), the fact that women were found to seek more social support for emotional reasons than do men (e.g., Carroll & Shaefer, 1994; Feldman, Fisher, Ransom, & Dimiceli, 1995) had the strongest effect among various coping behaviors. This conclusion was homogenous across all the studies in the meta-analysis. Furthermore, the fact that female copers' capability to involve other relationships for support seems to be related to the conclusion Werner and Smith (1982, 1992) drew—it is a resilience factor that having at least one person who truly cares and loves does help with the coping and resilience process. Female copers in this study could have developed coping skills to seek support from another relationship when they felt rejected.

Gender differences in coping behaviors are well illustrated in a study investigating school stress and coping. Problem-directed coping buffered elevated dysfunction for men, whereas seeking social support buffered the stress for women (Hovanitz & Kozora, 1989). Additionally, according to the findings of a longitudinal study of adolescents coping with family stress (Feldman et al., 1995), seeking social support for emotional reasons by turning to friends when having problems was associated with *lower* level of adaptation six years later for men, whereas it was associated with positive adaptation six years later for women. I speculate that men who seek

social support for emotional reasons as a way of coping may be related to a lack of felt autonomy, and this could influence men's feelings of self-competence when dealing with problems (Feldman et al., 1995). In addition, results of this study show that male copers' remembrances of rejection from one parent did not influence the remembrances of acceptance from the other parent and psychological adjustment. This seems to be related to their coping ability to compartmentalize and organize knowledge about self and relationships. Compartmentalization is considered "the tendency to organize positive and negative knowledge about the self into separate, uniformly valenced categories (self-aspects)" (Showers, 1992, p. 1036). It appears that male copers in this study were able to compartmentalize the relationship with mothers from the relationship they had with fathers.

Results related to gender differences need to be interpreted with caution. Although many research findings argue that men tend to use problem-focused coping and that women tend to engage in emotion-focused coping, this dichotomous conclusion was not found in Tamres et al., meta-analytic study of gender differences in coping behavior. According to these authors, gender socialization emphasizing conventional gender roles of men and women could influence people's perceptions of coping. Messages people hear in family and society about gender stereotypes might reinforce coping perceptions and behaviors. Thus, gender differences in coping or non-coping should be understood as general tendencies or as being situation-specific rather than being dichotomous qualities between men and women.

Findings regarding gender differences can be useful and informative in clinical settings, especially in couples therapy. Clinical applications of IPARTheory in relational therapy have provided an opportunity for interactive assessment and treatment tools in therapy (Rigazio-DiGilio & Rohner, 2015). These tools help clients expand understandings about their accepting-

rejecting experiences from mothers and fathers in childhood. In turn, these experiences influence clients' current intimate partner relationships. Through the fundamentals of IPARTheory-related relational therapy, clinicians and clients together generate constructive therapeutic conversations that assess perceptions about acceptance and rejection, and discuss multiple perspectives for change in individuals and couples (Rigazio-DiGilio & Rohner, 2015). In this process, clients' knowledge about gender differences could be especially useful in helping clients understand each other's perceptions regarding paternal acceptance, maternal acceptance, and the interaction between them. Understanding basic gender differences (or similarities, depending on the individual) in the tendency to perceive acceptance-rejection dynamics can facilitate more therapeutic discussions regarding clients' current relationship status, and directions for change.

Partner acceptance in this study did not mediate the relationship between remembered parental acceptance in childhood and copers' psychological adjustment, but it did mediate this relationship among non-copers. The mediation model was drawn from the literature, where attachment-related experiences with parents (including parental acceptance-rejection in childhood) are thought to influence intimate partner relationships (Fraley & Shaver, 2000; Hazan & Shaver, 1987). From this literature I speculate that intimate partner acceptance is one possible resilience factor for psychological adjustment (Rohner, 2008). The fact that no mediation effect of partner acceptance was found among copers suggests that they already have coping skills for psychological adjustment despite high levels of perceived parental rejection in childhood. Thus, the paths from parental acceptance in childhood to partner acceptance in adulthood was not significant. This could imply that neither female nor male affective copers let their negative experiences of parental rejection seriously influence their subsequent experiences with partner acceptance. This speculation seems to be consistent with literature related to the function of self-

differentiation. That is, one of the three elements of IPARTheory's coping subtheory is a clearly differentiated sense of self (Rohner, 1986). The concept posits that in order to cope effectively with perceived rejection, the mental representations of rejected persons require the capability to differentiate themselves from the rejecting individuals. The more differentiated they are, the better psychological adjustment they can show despite serious rejection.

The concept of differentiation is also commonly used in clinical settings, especially in Bowenian family therapy (Bowen, 1976, 1978). There, it is thought that the degree of differentiation of self can offer significant information regarding family dynamics and relationships, including acceptance and rejection experiences. Individuals with a low level of differentiation depend on others' acceptance and approval, whereas people with well-differentiated selves tend more to identify their own level of autonomy and dependence in relationships (Bowen, 1976). Based on this framework, individuals with a high level of differentiation seem to be able to resolve their issues more efficiently, and thus reach the capacity for coping and resilience (Hawley, 2012). In this light, copers could have developed a sense of differentiation in childhood, and thus their experiences of parental rejection do not seriously affect current intimate partner acceptance-rejection.

For non-copers, however, the relationship between parental acceptance in adulthood and current psychological adjustment *is* mediated by partner acceptance, and there was also a gender difference. For male non-copers, partner acceptance mediated the relationship between maternal acceptance in childhood and psychological adjustment, but partner acceptance did not mediate the relationship between remembered paternal acceptance and psychological adjustment. Additionally, male non-copers perceptions of maternal rejection in childhood influences men's perceptions of their partners' acceptance. The significance of this path is consistent with adult

attachment literature. For female non-copers, all the paths in the mediation model were significant. Both remembered maternal acceptance and paternal acceptance predict partner acceptance. This too is consistent with the adult attachment literature. Moreover, the significant paths from parental acceptance in childhood to psychological adjustment and from partner acceptance to psychological adjustment are in line with basic premises of IPARTheory's personality subtheory—and with research findings related to the importance of partner acceptance. The difference in the mediation effect of partner acceptance between copers and non-copers could be related to the concept of differentiation. It is possible that non-copers are unable to differentiate themselves from their rejecting parents in childhood. Consequently, the remembrance of parental rejection in childhood influences their current intimate partner relationship.

Significance of the Study

Overall, the current study provides important knowledge about characteristics associated with coping and resilience following experiences of serious parental rejection in childhood. In addition, the findings of this study can be helpful to clinicians in developing assessment and treatment plans in IPARTheory-related therapy. Such information is important for helping to refine and elaborate the theoretical foundations of coping subtheory, and for discovering related variables for interventions aimed at promoting coping and resilience following experiences of serious parental rejection in childhood. Results of this study should provide valuable information for individuals and families who struggle with similar acceptance-rejection issues in parent-child relationships. Moreover, results of the study have the potential for helping rejected individuals who do not cope well with the experience of rejection to deal more effectively with the hurt of rejection. In addition, the study adds invaluable knowledge with regard to the effects of adult

attachment figures on the resilience of individuals and families. Secure attachment serves to regulate children's emotions and cognitions. However, when security is not provided to children—and rejection is perceived—other coping and resilience factors seem to be utilized to buffer negative outcomes (Masten & Monn, 2015).

Beyond this, IPARTheory's coping subtheory currently lacks sufficient scientific support due to the fact that most attention has been given to personality subtheory (Rohner et al., 2012). While relevant empirical findings are limited, the fact that focus on coping and resilience has been initiated is promising—given the shift from the deficit-based perspective to a strength-based perspective that has been occurring over the past few decades. Whereas the basic premise of IPARTheory might appear deterministic insofar as the interaction with primary caregivers in early years of life is the basic foundation of relationships, coping subtheory captures the positive-oriented resilience and restoration components of human functioning and relationships (Ki, Rohner, & Rigazio-DiGilio, 2012). This relationally focused aspect presents strong clinical applications in ways that can promote individual and family resilience (Rigazio-DiGilio & Rohner, 2015).

Finally, the results of this study provides empirical information regarding variables and factors—including moderators and mediators—that are associated with coping and resilience of seriously rejected adults. Empirically supported variables from this study should be included in future resilience-based family intervention models and programs.

Limitations of the Study

This study has limitations that need to be considered. First, the issue of universality should be considered. Even though IPARTheory postulates that the psychological adjustment of humans universally—regardless of differences in race, gender, ethnicity, or culture—is likely to

be affected in the same way by accepting-rejecting relationships with attachment figures (Rohner, 2004), the broad pancultural data on which this research is based could be one limitation in the context of coping and resilience. That is, coping and resilience experiences could be socially and culturally constructed (Clauss-Ehlers, 2008). Cultural and contextual factors that might contribute to coping capabilities cannot be explained easily in such a large multicultural quantitative analysis as this.

In addition, even though this study provides important information about affective coping in general, it does not utilize client data. Thus, I do not have information regarding the *process* of coping and resilience. Furthermore, I do not have information about the ways in which families deal as a unit with acceptance and rejection issues. Knowledge about family level interactions in coping and resilience could produce valuable implications for the pathways leading to family resilience.

Future Research

Several studies should be conducted in future research. These complement some of the limitations described above. For example, whereas this study uses an adult sample only, a complementary study can be done with a child sample. The characteristics of child affective copers and their coping and resilience skills might be measurably different from those of adults. In addition, a qualitative or mixed methods study could build upon the current quantitative study. For example, intensive in-depth interviews with affective copers should be conducted to explore their pathways to resilience. People who experienced clinical interventions would be good candidates to interview. Such interviews should provide information about how they overcame many of the traumatic feelings of serious rejection from their own parents. These qualitative

voices might offer important knowledge to clinical interventionists on what and who helped in the process.

Future research studies exploring more moderators and mediators could provide further information about the process of coping and resilience. For example, more research is needed to understand moderating resilience factors on male copers' rejection and psychological adjustment, considering that a parent support did not buffer the relationship between the other parent and psychological adjustment in this study. This could imply that there are other protective factors that could be attributed such as having a good relationship with peers. Research on family adversities and children's behaviors has shown that positive peer relationships buffered the family adversity and moderated the impact parenting has on adjustment (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Furthermore, based on the moderation and mediation results in this study, the function of self-differentiation was considered important in the coping process. Thus, investigating self-differentiation as a possible mediator of the relationship between parental rejection in childhood and the ability to cope effectively as a future study can provide valuable additional information regarding the association between self-differentiation and ways to coping and resilience.

In addition, future longitudinal studies are needed to strengthen the internal validity of findings in this study. In the current study, the mediation model was used to show the mediating path relationships among the variables—maternal and paternal acceptance, partner acceptance, and psychological adjustment. When mediation models are applied to longitudinal data, they can make strong implications about the causal associations among the paths in the mediation model and strengthen the internal validity (Cole & Maxwell, 2003). In the interim, the present

quantitative findings provide some important insights into the resilience of many individuals who report a history of rejection.

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