



WARM PARENTING AS PREDICTOR OF PSYCHOLOGICAL WELLBEING OF ADOLESCENCE: ROLE OF PARENT-ADOLESCENT ATTACHMENT AND SELF-COMPASSION

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Abstract

Adolescence is a period of significant transformation and growth, marked by numerous challenges and opportunities for development. The main objective of the present study is to examine Warm parenting and self-compassion as predictors of psychological well-being: Role of Parent-Adolescent Attachment. The correlational study was conducted on 300 adolescents using a convenient sampling method. Scales containing questions about participants' background information, parenting style questionnaire (Shyny, 2017), psychological wellbeing scale (Birlson, 1980), adolescent-parent attachment inventory (APAI; Moretti & Obsuth, 2009) and the self-compassion scale (SCS; Neff et al., 2021) were used. Correlation, multiple regression, and moderation analyses were analysed using SPSS 22V. Results revealed a strongly significant positive correlation of variables with each other. Warm parenting was found to be a significant predictor of adolescent well-being. Parent-adolescent attachment and self-compassion significantly moderate between warm parenting and adolescent well-being among adolescents. This research highlights the significance of fostering warm parenting, parent-adolescent attachment and self-compassion promoting adolescent well-being as key factors in nurturing adolescents.

Keywords: Warm parenting, Adolescent wellbeing, Parent-adolescent attachment, Self- compassion, Adolescents

Introduction

Adolescence is a critical development period characterized by significant physical, cognitive, and emotional changes. Adolescents encounter many difficulties at this time as they try to define their identities, build social networks, and understand the multifaceted nature of their world. Their psychological welfare and overall adjustment during this transitional period are greatly influenced by the quality of their interactions, especially with their parents. The relationship between parenting practices and teenage development has been extensively researched. Warmth has been found to be a crucial parenting quality that strongly influences the achievement of teenagers. Warmth has been shown to be a strong predictor of excellent adolescent outcomes across the many parental characteristics. Warm parenting is characterised by parental actions that are reassuring, encouraging, and receptive to their children's emotional needs. It entails showing the teenager love, affection, and empathy while fostering a secure environment that allows them to discover and express themselves. The parent-child interaction significantly influences the growth and psychological well-being of adolescents. Adolescents have benefited from warm parenting techniques characterised by parental warmth, support, and responsiveness. The importance of self-compassion and parent-adolescent bonding in affecting psychological wellness during this crucial developmental time has also come to light. Warm parenting has been associated with children's emotionally healthy growth. The ability to regulate one's emotions, self-esteem, and outlook on life is generally stronger in children who get warmth and emotional support from their parents (Videon & Tami, 2005).

Warm parenting can be defined as parents who tend to provide regular support for children, consistently affirming and speaking to them in a friendly tone. Warmth includes affection and acceptance and is a universally “positively valued” dimension of parenting (Maccoby & Martin, 1983). Adolescence is a time of substantial change and progress, filled with difficulties and chances for personal improvement. Adolescents work to define their identities throughout this crucial stage, build meaningful relationships, and negotiate the challenges of their shifting social settings. Parenting stands out among the many variables that affect adolescent development as a significant driver of their psychological health and general adjustment (Backers et al., 2019). Warm parenting encompasses various aspects, including emotional warmth, affection, positive reinforcement, and open communication. Warm parents are attuned to their adolescent's emotions, provide a safe space for expression, and offer guidance and support during challenging times. They prioritise the emotional connection with their child and actively foster a positive parent-child relationship (Marie et al., 2022). Teenagers thrive and can realise their full potential. Adolescent well-being is a personal and societal good in and of itself. However, it is also a crucial stage in life where many elements that affect long-term well-being are acquired or solidified (David, 2020). Psychological wellness is a state of sound mental health and generalised, subjective contentment with one's life. It encompasses a person's emotional, cognitive, and social well-being. In adolescence, psychological health is crucial in determining future outcomes, such as academic success, social connections, and general life pleasure. Teenagers' psychological well-being must be understood and supported for healthy growth and long-term happiness. Many things influence adolescents' psychological health (Briener et al., 2016). Warm parenting has been linked to positive emotional development in children. The ability to regulate one's emotions, self-esteem, and outlook on life is generally stronger in children who get warmth and emotional support from their parents (Videon & Tami, 2005).

Adolescents' psychological well-being has repeatedly been connected to secure parent-adolescent attachment. The establishment of resilience, self-control, and good self-perceptions is made possible by a connection that fosters stable attachment. On the other hand, unhealthy coping mechanisms and higher psychological discomfort have been linked to insecure attachment patterns like anxious or avoidant attachment. Warm parenting has been shown to improve children's adaptability and resilience. Children who receive emotional support and direction from their parents are better able to deal with difficulties and adversity, which improves their psychological health and resilience (Moretti & Peled, 2004).

Attachment is one specific aspect of the relationship between a child and a parent, with its purpose being to make a child safe, secure, and protected. Attachment is distinguished from other aspects of parenting, such as disciplining, entertaining and teaching (Susane M, 2015). Parent-adolescent attachment refers to the emotional bond and relationship between parents and their children. Attachment theory, developed by John Bowlby, suggests that a secure attachment between parents and their children is essential for healthy emotional and social development. During adolescence, which is typically the period between the ages of 10 and 19, there are significant changes in the parent-adolescent relationship. Adolescents strive for independence and autonomy, sometimes leading to conflicts and tensions with their parents. However, the quality of the attachment established during early childhood continues to influence the parent-adolescent relationship. Different attachment styles can characterise the parent-adolescent attachment (Delgado et al., 2022). Warmth and support in parent-child interaction create a safe foundation for exploration and encourage the growth of adaptable coping skills. Warm parenting fosters a secure parent-child attachment relationship. Children who are securely linked experience their parents' love, support, and safety fosters confidence and security. According to research by Biao et al. (2002), this attachment style has been linked to improved psychological health, including decreased levels of anxiety and depression.

Self-compassion is a positive, proactive attitude toward oneself. It is not simply the absence of negative attitudes. For instance, the absence of self-judgment does not necessarily mean that one is compassionate toward oneself (Steve, 2010). Self-compassion refers to treating oneself with kindness, understanding, and acceptance, particularly during difficulties, failure, or personal suffering. It involves extending compassion and empathy towards oneself, just as one would to a close friend or loved one who is struggling. Self-compassion has been widely studied and researched by psychologists (Neff, 2023). According to research, adolescents' psychological wellness is favourably correlated with their level of self-compassion. Greater self-compassion has been associated with less depressive symptoms, more life satisfaction, and better emotional control. Self-compassion promotes resilient coping mechanisms a more positive self-concept and functions as a buffer against the harmful consequences of self-criticism (Bluth & Blanton, 2005).

This research focuses on warm parenting as a predictor of the psychological well-being of adolescents and the role of parent-adolescent attachment. The need for this study stems from the fact that the parent-adolescent relationship is the most important in the world. Previously, research has done on parenting style as predictor of psychological well-being of parents (Kerestes et al., 2011), but this study is intended to measure these variables in adolescence because they have more effect of parenting style. Marlene and her colleague (2004) investigated that the adolescent- parent attachment profoundly affects cognitive, social and emotional functioning. Secure attachment is associated with less engagement in high risk behaviors, fewer mental health problems, and enhanced social skills and coping strategies (Marlene & Maya, 2004).

Despite existing research interest in this area, research is limited in understanding that how warm parenting and parent- adolescent attachment effects psychological wellbeing of adolescence. This study is intended to extend the current research and to investigate warm parenting, psychological wellbeing, parent-adolescent attachment and self-compassion simultaneously. Attachment theory's applicability transcends cultural boundaries (Ainsworth, 1969). However, it is essential to examine how parent-adolescent attachment operates in a Pakistani context, where cultural norms may influence attachment styles. Exploring the moderating role of attachment in the warm parenting-adolescent wellbeing relationship can provide insights into how culturally-informed attachment patterns affect adolescents' emotional development.

Adolescence is a period of profound physiological and psychological changes. It is a critical stage for identity formation, social competence, and emotional regulation (Steinberg, 2005). Warm parenting may play a pivotal role in helping adolescents navigate these developmental challenges successfully. Investigating this relationship can enhance our understanding of how parenting styles impact

developmental milestones. Adolescent wellbeing encompasses various dimensions, including mental health. Warm parenting has been linked to lower rates of depression, anxiety, and other mental health problems in adolescents (McLeod et al., 2007). Given the rising prevalence of mental health issues among adolescents, understanding how warm parenting can mitigate these risks is crucial for designing effective interventions and support systems. Adolescents who experience warm parenting tend to engage in fewer risk behaviors, such as substance abuse and risky sexual behaviors (Brook et al., 1990).

Subjects and Methods

Survey research design was used in this study. Data was collected through convenience sampling technique from 300 adolescents which is comprised to 220 male adolescents and 80 female adolescents. Demographic information such as gender, residential area and family system was contracted through questionnaire.

Instruments

S-EMBU Short Form. The S-EMBU (Arrindell et. al, 1999) consists of 23 items designed to assess perceptions of parental rearing behaviors. The Short Form questionnaires (parent and child) consist of three subscales: rejection (7 items), emotional warmth (6 items), overprotection/control (9 items), and 1 unscaled item. Emotional warmth subscale consisting of 6 items was used to measure warm parenting. Items are answered on a 4-point Likert scale (1=No, 2=Yes, but seldom, 3= Yes, often, 4= Yes, most of the time). Chronbach alpha reliability of this scale was .73.

Psychological Wellbeing Scale (Birlson, 1980). Psychological wellbeing scale has 18 questions – each relating to different aspects of an adolescent’s life, and how they feel about them. They are asked to indicate whether the statement applies to them most of the time, sometimes or never. The responses to each question are scored 0, 1 or 2. Chronbach’s alpha reliability of this scale was .73.

Adolescent-Parent Attachment Inventory (APAI; Moretti & Obsuth, 2009). The Adolescent-Parent Attachment Inventory (APAI; Moretti & Obsuth, 2009) is a 36 item measure of adolescent-parent attachment, originally developed for clinical and empirical purposes at the Maples Adolescent Treatment Centre, Burnaby, British Columbia, Canada. The measure draws items from Brennan, Clark, and Shaver’s (1996, 1998) Experiences in Close Relationships (ECR) scale, which were adapted for use with adolescents and with reference to their relationships with their parents or primary caregivers. Each statement on a 7-point scale ranging from 1 “Strongly Disagree” to 7 “Strongly Agree”. Cronbach's alpha reliability of this scale was .88. The Self-Compassion Scale Youth Version (SCS-Youth; Neff et al., 2021). SCS is a 17-item questionnaire which is designed to measure self-compassion in adolescents. The questionnaire was assessed through 5 point response scale ranged from 1=Almost never to 5=Always. Cronbach’s alpha reliability of overall SCS scale was .76.

Procedure

First of all permission was taken from the supervisor and institutional authority for data collection. After their permission, adolescents were approached through online and on site mode. They were informed about the nature and aim of study. Written consent were taken from the participants. Instructions were provided to participants about filling the questionnaire in an honest way. Moreover an appropriate demographic sheet was attached at the top of each questionnaire to get necessary demographic information. At the end, participants were thanked with bless wishes for their cooperation.

Ethics Consideration

It was made clear to participants that they are free to stop taking part in the study at any time. They were given the assurance that their comments will only be utilized for study and that this will be a highly secret process that won't harm their reputations in the personal, social, or professional circle. Statistical Analysis SPSS 22 version was used to compute descriptive and inferential analysis.

Descriptive statistics, Pearson correlation, t-test, One-way ANOVA and regression analysis were used to test the hypotheses.

Results

The main objective of present study aims to examine warm Parenting as Predictor of Psychological Wellbeing of Adolescence; Role of Parent-Adolescent Attachment and Self- compassion. SPSS-22 was used to analyze the data. Descriptive statistics and alpha reliability coefficients were computed in order to ensure psychometric strength of scales used in the study. The Cronbach's alpha value for warm parenting scale, adolescent wellbeing scale, parent adolescent attachment scale and self-compassion scale were .73, .73, .88 and .76 respectively which shows satisfactory internal consistency (Table 1). Pearson correlation was computed to examine the relationships between the study variables. Pearson correlation analysis among the study variables demonstrated a significant positive correlation of warm parenting with adolescent wellbeing ($r = .11, p < .05$), parent adolescent relationship ($r = .16, p < .01$) and self-compassion ($r = .24, p < .000$). Adolescent wellbeing has significant positive correlation with parent adolescent relationship ($r = .11, p < .05$) and self-compassion ($r = .30, p < .000$). Parent adolescent relationship has significant positive correlation with self- compassion ($r = .69, p < .000$) (Table 2). Linear regression analysis was applied to examine the hypothesis testing (Table 3). Findings revealed that the R^2 value of .04 revealed that warm parenting explained 04% change in the adolescent wellbeing with $F(1, 298) = 8.39, p < .05$. T-test was used to examine the comparison of demographic information with study variables among adolescents and findings revealed the male exhibited higher score on warm parenting, adolescent wellbeing and self-compassion as compared to female participants (Table 4). Findings also revealed that the joint family system exhibited higher score on warm parenting as compared to nuclear family system while nuclear family systems exhibited higher scores on self-compassion as compared to joint family system (Table 5). Further additional analysis revealed that participants from rural areas exhibited higher score on warm parenting as compared to participants from urban areas (Table 6). Findings from moderation analysis revealed that parent adolescent attachment have significant moderating role between warm parenting and adolescent wellbeing (Table 7) moreover, self-compassion has significant moderating role between warm parenting and adolescent wellbeing (Table 8).

Table 1 Psychometric Properties for all study variables (N=300)

| Scales | <i>M</i> | <i>SD</i> | α | Range |
|------------------------------------|----------|-----------|----------|--------|
| Warm Parenting Scale | 12.82 | 3.61 | .73 | 5-18 |
| Adolescent Wellbeing Scale | 20.63 | 3.01 | .73 | 16-29 |
| Parent Adolescent Attachment Scale | 147.97 | 28.36 | .88 | 91-247 |
| Self-Compassion Scale | 55.54 | 8.69 | .76 | 39-74 |

Table 2 Correlation Matrix for all variables used in the study (N=300)

| Variable | 1 | 2 | 3 | 4 |
|-----------------------------------|---|------|------|--------|
| 1. Warm Parenting | - | .19* | .16* | .24*** |
| 2. Adolescent Wellbeing | | - | .11* | .30*** |
| 3. Parent Adolescent Relationship | | | - | .69*** |
| 4. Self-Compassion | | | | - |

* $p < .05$, *** $p < .000$

Table 3 Regression Analysis for Warm Parenting and Adolescent Wellbeing (N=300)

| variable | <i>B</i> | <i>SE</i> | <i>t</i> | <i>p</i> | 95% CI |
|----------------------|----------|-----------|----------|----------|----------------|
| Constant | 19.94*** | .64 | 31.01 | .00 | [18.67, 21.20] |
| Adolescent Wellbeing | .15* | .05 | 1.11 | .02 | [3.10, .5.15] |

Note. CI = Confidence Interval

Table 4 Mean, Standard Deviation and t-test for Gender on Warm Parenting, Adolescent Wellbeing, Parent Adolescent Relationship and Self-compassion (N=300)

| Variables | Female (n= 220) | | Male (n =80) | | <i>t</i> | <i>p</i> | <i>d</i> |
|--------------------------------|--------------------|-----------|-----------------|-----------|----------|----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | |
| Warm Parenting | 12.03 | 3.58 | 15.00 | 2.66 | -6.77 | .00 | .94 |
| Adolescent Wellbeing | 20.22 | 3.16 | 21.74 | 2.23 | -3.95 | .00 | .56 |
| Parent-Adolescent Relationship | 147.64 | 22.72 | 148.87 | 40.1 | -.33 | .74 | .04 |
| Self-Compassion | 54.79 | 9.05 | 57.63 | 7.29 | -2.52 | .01 | .34 |

*****p* < .001**

Table 5 Mean, Standard Deviation and t-test for Family System on Warm Parenting, Adolescent Wellbeing, Parent Adolescent Attachment and Self-compassion (N=300)

| Variables | Nuclear (n= 231) | | Joint (n= 69) | | <i>t</i> | <i>p</i> | <i>d</i> |
|------------------------------|---------------------|-----------|------------------|-----------|----------|----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | |
| Warm Parenting | 11.97 | 3.21 | 15.68 | 3.38 | -8.33 | .00 | 1.12 |
| Adolescent Wellbeing | 20.47 | 3.08 | 21.16 | 2.72 | -1.68 | .09 | .23 |
| Parent Adolescent Attachment | 149.3 | 20.96 | 143.45 | 44.99 | 1.51 | .13 | .16 |
| Self-Compassion | 56.42 | 7.47 | 52.62 | 11.51 | 3.23 | .00 | .39 |

*****p* < .001**

Table 6 Mean, Standard Deviation and t-test for Residential Area on Warm Parenting, Adolescent Wellbeing, Parent Adolescent Attachment and Self-Compassion (N=300)

| Variables | Rural (n= 127) | | Urban (n =137) | | <i>t</i> | <i>p</i> | <i>d</i> |
|------------------------------|-------------------|-----------|-------------------|-----------|----------|----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | |
| Warm Parenting | 13.80 | 3.46 | 12.10 | 3.55 | 4.16 | .00 | .48 |
| Adolescent Wellbeing | 20.44 | 3.10 | 20.76 | 2.94 | -.92 | .36 | .10 |
| Parent Adolescent Attachment | 147.46 | 38.04 | 148.34 | 18.39 | -.26 | .79 | .03 |
| Self-Compassion | 55.16 | 10.10 | 55.83 | 7.51 | -.66 | .51 | .07 |

*****p* < .001**

Table 7 Moderation of Parent Adolescent Attachment between Warm Parenting and Adolescent Wellbeing

| Variables | Model 1 | | | Model 2 | | |
|---|----------|---------|-----|----------|---------|-----|
| | <i>B</i> | β | SE | <i>B</i> | β | SE |
| Constant | 20.63*** | | .17 | 20.63*** | | .17 |
| Warm Parenting | .18* | .06 | .17 | .18* | .06 | .17 |
| Parent Adolescent Attachment | .31* | .10 | .17 | .29* | .19 | .18 |
| Warm Parenting × Parent Adolescent Attachment | | | | .37** | .03 | .13 |
| R^2 | | | | | | |
| ΔR^2 | | .15 | | | .16 | |
| | | | | | .01 | |

******p* < .000, ***p* < .01**

Table 8 Moderation of Self-Compassion between Warm Parenting and Adolescent Wellbeing
(N=300)

| Variables | Model 1 | | Model 2 | | |
|----------------------------------|---------|------------|---------|------------|----------------|
| | B | β SE | B | β SE | |
| Constant | | 20.63*** | .17 | 20.56*** | .17 |
| Warm Parenting | | .02* | .01 | .17 | .08* .03 .18 |
| Self-Compassion | | .91*** | .30 | .17 | .85*** .28 .17 |
| Warm Parenting× Self- Compassion | | | | .30* | .12 .15 |
| R ² | | | | | |
| ΔR^2 | | | | | |
| | | | .09 | | .10 |
| | | | | | .01 |

** $p < .01$, *** $p < .000$

Discussion

This research focuses on warm parenting as predictors of psychological wellbeing of adolescence, role of parent-adolescent attachment. Data was collected through liker type self- report measures. The sample of this study was adolescents. Descriptive statistics, Pearson correlation, t-test and regression analysis were performed through SPSS-22 to examine the dataset and test the hypotheses. In this section, findings of current research are discussed with the support of previous literature.

This study aims to investigate the 1st hypothesis that warm parenting is positively related to adolescent wellbeing. Adolescent who receive warmth and emotional support from their parents tend to have better emotional regulation skills, higher self-esteem, and a more positive outlook on life (Videon & Tami, 2005). The beneficial effects of warm parenting on teenage psychological health have been shown in numerous studies. Warm parental behaviors help teenagers' life satisfaction, self-esteem, depressive symptoms, and general mental health through reducing stress. Children who are securely linked experience their parents' love, support, and safety, which fosters confidence and security. According to research by Biao et al. (2002), this attachment style has been linked to improved psychological health, including decreased levels of anxiety and depression.

Numerous studies have explored the association between warm parenting and emotional wellbeing among adolescents. Research conducted by Steinberg and Silk (2002) found that adolescents who perceived their parents as warm and emotionally supportive reported lower levels of depressive symptoms and anxiety. This suggests that a warm parent- child relationship can act as a protective factor against the development of emotional distress during adolescence. Similarly, studies by Luthar and Eisenberg (2017) have shown that adolescents who experience warmth and emotional closeness in their relationships with parents are more likely to exhibit positive emotional regulation skills. Researchers such as Laible and Carlo (2004) have found that adolescents who have warm and supportive relationships with their parents tend to have better social skills, higher levels of peer acceptance, and lower levels of aggression. These findings suggest that warm parenting can foster the development of pro-social behavior and positive peer relationships, ultimately contributing to greater social wellbeing.

Self-compassion has been associated with numerous psychological benefits, including reduced depression, anxiety, and increased life satisfaction (Neff et al., 2007). The hypothesis suggests that self-compassion moderates the relationship between warm parenting and adolescent psychological wellbeing. In other words, the level of self-compassion an adolescent possesses may influence how effectively warm parenting practices translate into psychological wellbeing. A study by Bluth et al. (2017) found that self-compassion buffered the negative effects of perceived parental criticism on adolescent psychological distress, suggesting that self-compassion can mitigate the impact of less-

than-optimal parenting. Conversely, adolescents with low self-compassion may struggle to fully benefit from the warmth of their parents due to self-criticism and harsh self-judgment. Warm parenting may be less effective in promoting psychological well-being in these individuals, as they may have difficulty internalizing and accepting parental support.

Additional analysis revealed that gender differences have significant impact on warm parenting, adolescent wellbeing and self-compassion. Previous researchers have also found similar findings such as Quach and his colleagues reported that even though both parents' behaviors were linked to their children's mental health, both male and female adolescents perceived mothers as exerting more warmth and pressure than their fathers. Another study reported that females' wellbeing gets changes with time while the well-being of male adolescents remains the same (Getsdottir et al., 2015). Studies of gender differences in well-being consistently find that females report higher depressive symptoms and lower well-being as compared to males (Nolen-Hoek-Sema, 1987).

Research Implications

The research on the relationship between warm parenting, psychological well-being, parent-adolescent attachment, and self-compassion has significant implications across various domains of psychology and family studies. This research can inform the design of early intervention programs targeting parents and adolescents. These programs can focus on fostering warm parenting, building secure attachments, and developing self-compassion skills early to promote lifelong psychological well-being. Early intervention programs can be designed to identify families at risk of negative outcomes due to a lack of warm parenting, insecure attachments, or low self-compassion. These programs can provide support and resources to prevent or address potential issues. Mental health professionals can incorporate self-compassion training into therapy sessions for adolescents struggling with psychological wellbeing. Recognising the role of self-compassion can lead to more tailored and effective therapeutic approaches.

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