

Family Stress, Mental Health, and Perceived Parental Attachment among Adolescents: A Correlational Study

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Abstract: *The present study explores the relationship between family stress, mental health, and perceived parental attachment among adolescents. The sample consists of 120 graduate students from K.M.C. College, Khopoli. The participants were between 15 and 17 years of age. The tools used in the present research were as follows: Three standardized instruments were employed in this study: the Bisht Battery of Stress Scale (Bisht, 2005), the General Health Questionnaire (Goldberg, 1972), and the Parenting Scale (Bharadwaj, Sharma, & Garg, 1998). In the present study, descriptive measures such as mean and standard deviation, along with Pearson's product-moment correlation, were applied to examine the relationships among the variables. Results indicated that a negative association exists between perceived parental acceptance and family stress, with a correlation coefficient of -0.354 , suggesting a low negative relationship. Additionally, a weak negative relationship ($r = -0.063$) was observed between parental acceptance and mental health. Despite limitations such as not controlling for family details, social status, and background, the present study remains useful in gaining insight into the relationship among the variables.*

Keywords: Family Stress, Mental Health, Perceived Parental Attachment, Adolescents

I. INTRODUCTION

The primary aim of the present research is to examine the concept of perceived parental acceptance–rejection among adolescents and its role in their healthy development. According to Rueter and Conger (1995, as cited in Suman & Umaphathy, 1997), “the quality of an adolescent’s relationship with his/her parents is a key component of healthy adolescent development.”

It is widely recognized that inadequate or strained parent–child relationships are strongly linked with the emergence of psychosocial difficulties among children and adolescents. Jacobs and Teicher (1967) and Anderson (1981) further emphasized that the family plays a central and influential role in shaping adolescent problems. Similarly, Holinger and Offer (1982) also demonstrated that family environment significantly contributes to adolescent depression.

The association between parent–child relationships and delinquent behavior has also received considerable attention. Adams, Gulotta, and Clancy (1985) reported that a substantial number of adolescents who left home exhibited highly negative perceptions of their parents. Furthermore, several studies have suggested that delinquent behavior, in a broader sense, is closely associated with dysfunctional or problematic parental relationships (Robins, 1966; Kay & Kay, 1986). According to Shamuddin (1986), adjustment is a crucial aspect when dealing with emotional problems during adolescence, and the family plays a vital role in shaping personality development. Chronologically, adolescence ranges from 12 to 18 years of age, while sociologically, it represents a transitional stage where individuals attempt to move from dependent childhood to independent adulthood (Muss, 1962).



Adolescence is often described as a “problem age,” a term that carries dual implications. On one hand, adolescents may present challenges to parents, teachers, and society; on the other hand, they may experience greater internal struggles themselves, especially when they fail to adjust to new roles, leading to confusion, uncertainty, and anxiety.

In contemporary society, adolescents are increasingly exposed to challenges arising from rapid social change, technological advancement, and a highly competitive, fast-paced lifestyle, which intensifies their problems (Mehta, 2000). Therefore, it becomes essential to examine the interrelationship between family stress and mental health in the context of perceived parental acceptance–rejection.

Significance of the Study:

This study is important as it helps to understand how family stress, mental health, and parental acceptance-rejection are related among adolescents. It shows how parenting behavior can influence the emotional well-being of young individuals. The findings can be useful for parents, teachers, and counselors to improve adolescents’ mental health and reduce stress in family life. It also provides useful information for future researchers in this field. By understanding these relationships, better support systems and interventions can be developed to promote healthy development and adjustment among adolescents in different social and family environments.

Main Concepts used in the study

Family Stress:

According to Wingate (1972), “stress as any influence which disturbs the natural equilibrium of the body, and includes within its reference physical injury, exposure, deprivation, all kinds of disease and emotional disturbance” (p. 2).

Parent–child closeness is widely regarded as a significant factor in psychological development, as strong and supportive relationships during childhood and adolescence promote healthy psychological growth (Collins, 1997). In addition, Rueter and Conger (1995) stated that “the quality of an adolescent’s relationship with his/her parents is a key component of healthy adolescent development.”

Mental Health:

Bhatia (1982) defined mental health as the capacity to maintain a balance among emotions, desires, ambitions, and ideals in everyday life, along with the ability to accept and deal effectively with reality.

Benton (2003) observed that positive mental health is reflected through indicators such as overall well-being, self-confidence, personal competence, satisfaction, happiness, and ego strength. In contrast, poor mental health may manifest in the form of psychological disorders or symptoms such as anxiety, depression, obsessions, compulsions, phobias, delusions, as well as negative emotional states like anger, hostility, dissatisfaction, fear, and feelings of inferiority.

Parental Acceptance–Rejection:

Parental acceptance can be described as the expression of warmth, affection, care, comfort, concern, nurturance, and love that parents communicate to their children. These expressions may occur through both physical and verbal means. Physical expressions include behaviors such as hugging, kissing, smiling, and other gestures that convey approval and support, while verbal expressions involve praise, appreciation, and encouraging words for positive behavior.

In contrast, parental rejection refers to the absence or withdrawal of such accepting behaviors, including a lack of warmth, affection, care, and support, as well as neglect or insufficient attention to a child’s needs. It may also involve emotional distance or lack of love expressed toward children or adolescents (Rohner, 2005).



II. REVIEW OF LITERATURE

Family Stress::

A substantial body of research suggests that gender differences significantly influence the experience, perception, and expression of psychological stress, with evidence consistently indicating that women are more likely than men to report various forms of psychological distress, particularly conditions such as depression and anxiety (Bell et al., 1980). These differences are often attributed to both biological and socio-cultural factors that shape coping mechanisms and emotional responses.

Bose and Mukhopadhyay (1999) observed that male cancer patients reported significantly higher levels of stressful life events when compared to female patients, although interestingly, no meaningful gender differences were found in terms of emotional maturity levels between the two groups. This finding suggests that while exposure to stress may differ, emotional processing capacities may remain comparable.

Research further indicates that economic conditions, including deprivation, prosperity, and rapid socio-economic changes, play a crucial role in influencing social pathology and psychological well-being. In particular, extreme economic deprivation has been strongly associated with elevated levels of psychological distress, certain forms of psychotic disorders, and increased tendencies toward interpersonal violence (Horwitz, 1984). This highlights the importance of socio-economic stability in mental health outcomes.

Alpert and Lausher (1982) identified that routine responsibilities such as household tasks and childcare responsibilities represent significant sources of daily stress, especially for working mothers. Although cross-cultural comparisons suggest that women across Eastern and Western societies may experience similar overall levels of stress, the nature, frequency, and types of stressors tend to differ depending on cultural and social expectations (Ram, 1989).

Matud (2004) conducted an extensive study involving 2,816 individuals (1,566 women and 1,250 men) aged between 18 and 65 years, incorporating diverse sociodemographic backgrounds. The findings, based on MANCOVA analysis after controlling for sociodemographic variables, revealed that women consistently reported higher levels of chronic stress as well as minor day-to-day stressors compared to men, suggesting persistent gender-based disparities in stress experiences.

In addition, several studies have reported that women tend to encounter stress more frequently in domains related to health and family responsibilities, whereas men are more likely to report stress associated with occupational demands and financial pressures (Billings & Moos, 1984). This distinction reflects traditional gender roles and societal expectations.

McGee and Stanton (1992) examined adolescents' perceptions of stressful experiences and identified four primary categories of stressors: issues related to self-concept and independence, academic and physical competence, relocation or change of residence, and school-related challenges. Their findings indicated that female adolescents reported higher levels of distress, and that such distress was closely linked with poor family relationships, lack of social support, maternal depression, and experiences such as parental separation.

Dubey (1993) carried out a comparative study on 25 male narcotic addicts aged 20–30 years and a matched control group. Using standardized tools such as the Social Readjustment Rating Scale and the Hassles and Uplifts Scale, the study demonstrated that individuals with substance addiction experienced significantly higher levels of life stress and daily hassles, along with lower levels of positive experiences and reduced social support systems.

DuBois and Meares (1994) reported that socio-economic disadvantage is positively correlated with the occurrence of daily stressors, particularly among adolescents. However, this relationship was found to be moderated by the presence of social support from significant others, suggesting that supportive environments can buffer the negative effects of economic hardship.

Makinen and Pychyl (2001) explored the impact of stress, especially financial constraints and economic barriers, on overall life satisfaction among undergraduate students. Their study, which compared younger and older students, revealed that the influence of stress on life satisfaction varies across age groups, with academic pressures and financial difficulties playing a more prominent and significant role in shaping the experiences of older students.



Mental Health:

Research specifically addressing mental health in relation to perceived parental acceptance–rejection among adolescents is relatively limited; however, the available literature provides meaningful insights into this important area. Tiwari and Verma (2013) found that “perceived parental psychological support acts as a significant predictor of various mental health outcomes,” emphasizing that higher levels of parental support are strongly associated with better mental health and psychological well-being among adolescents.

Reddy (1975) investigated the relationship between family income and adolescent adjustment using a self-developed adjustment inventory. The results revealed that students from upper-middle-income families demonstrated comparatively better adjustment, whereas adolescents from lower-income backgrounds exhibited greater levels of maladjustment, including feelings of inferiority, pessimistic attitudes, and strained relationships with parents. Additionally, boys belonging to middle-income groups were found to experience difficulties in heterosexual relationships, indicating complex social adjustment issues.

Gunthey and Sinha (1983) examined the role of socio-economic status (SES) in adolescent adjustment by comparing advantaged and disadvantaged groups. Their findings showed that adolescents from economically deprived backgrounds performed significantly poorer across all major areas of adjustment, highlighting the strong influence of SES on developmental outcomes.

George (1987) explored the relationship between family socio-economic status and child adjustment and reported a significant positive correlation, suggesting that higher SES is associated with better adjustment and overall developmental outcomes in children.

Zanje (1989) studied maladjustment among college students in relation to social class and found that female students generally demonstrated better social adjustment compared to male students. Furthermore, a significant relationship was observed between socio-economic status and various domains of adjustment, including home, social, and health-related areas.

Mehta (1991) analyzed adjustment patterns among obedient and disobedient students, taking into account factors such as family size and socio-economic status. The findings indicated that adjustment levels varied significantly depending on these factors, and that obedience emerged as an important personality trait contributing to better adjustment outcomes, especially among students from higher socio-economic backgrounds.

Broota et al. (1992) conducted a comparative study involving students from broken and intact families and found that students from broken homes scored significantly lower across multiple areas of adjustment, including home, emotional, social, and academic domains, indicating the importance of family structure in adolescent development.

Parvathy and Ravindran (1997) examined patterns of adjustment across late adolescence and early adulthood in relation to age and gender. Their findings suggested that late adolescents exhibited poorer adjustment compared to early adults, particularly in areas such as family relationships, emotional stability, and social functioning. Female participants were found to have higher adjustment scores in several domains, although gender differences did not significantly affect overall adjustment levels.

Chang and Lawrence (2001) investigated optimism and pessimism among middle-aged adults and found that both constructs serve as important psychological factors influencing adjustment, particularly in later stages of life, where cognitive and emotional factors play a crucial role.

Levy-Shiff (2001) explored psychological adjustment among adult adoptees and reported that family environment variables significantly predict adjustment outcomes, with a stronger predictive effect observed among adoptees compared to non-adoptees, highlighting the importance of familial context.

Parental Acceptance–Rejection:

There is relatively limited but important research focusing specifically on perceived parental acceptance–rejection and its relationship with adolescent mental health.



Shaffer and Shoben (1956) emphasized that parenting styles characterized along the dimension of acceptance versus rejection have remained a central focus in developmental research, and they reported that parental acceptance is positively associated with better psychological adjustment and overall well-being.

Bretherton (1985) described the family as a fundamental social unit that serves as a primary agent of socialization, emphasizing that parent-child relationships play a central and influential role in shaping children's social, emotional, and psychological development.

Tiwari and Verma (2013) further reinforced that "perceived parental psychological support is a strong and reliable predictor of mental health outcomes," concluding that higher levels of parental warmth, care, and support contribute significantly to improved mental health status among adolescents.

III. RESEARCH METHODOLOGY

Statement of the Problem:

- To study the relationship between family stress, mental health, and perceived parental acceptance-rejection among adolescents.

Objectives:

- To examine the relationship between parental acceptance and family stress.
- To study the relationship between parental rejection and mental health.

Hypotheses:

- There is a negative correlation between parental acceptance and family stress.
- There is a negative correlation between parental rejection and mental health.

Research Design:

The present study adopts a correlational research design to examine the relationship between family stress, mental health, and perceived parental acceptance-rejection among adolescents. This design helps to identify the direction and strength of relationships between variables without manipulating them. Data were collected using standardized questionnaires. The study focuses on naturally occurring variables and aims to understand how these variables are associated with each other in a real-life setting.

Operational Definitions of Variables:

Family Stress: Family stress is the score obtained by the participants on the Bisht Battery of Stress Scale (Bisht, 2005). Higher scores indicate higher levels of family stress, whereas lower scores indicate lower levels of stress.

Mental Health: Mental health is the score obtained by the participants on the General Health Questionnaire (Goldberg, 1972). Higher scores indicate poor mental health and higher distress, whereas lower scores indicate better mental health.

Parental Acceptance-Rejection: Parental acceptance-rejection is the score obtained by the participants on the Parenting Scale developed by Bharadwaj, Sharma, and Garg (1998). Higher scores indicate higher parental rejection, whereas lower scores indicate higher parental acceptance.

Sampling:

Total sample of 120 adolescents were selected from K.M.C. College, Khopoli by using convenient sampling method. The age range of the participants was 15-17 years and the average age was approximately 16 years. They were administered the questionnaires and were asked to fill them carefully and honestly.

Tools:

The following instruments were utilized in the present study:



1. Bisht Battery of Stress Scale (Bisht, A. R., 2005): Bisht Battery of Stress Scale developed by Bisht (2005) involves 83 items measuring four components of stress, namely family frustration, family conflict, family pressure, and family anxiety through 13 sub-scales. The test does not have fixed alternatives but includes multiple response formats. The score range is not fixed as it depends on sub-scales. The reliability of the test includes dependability coefficient .83, stability coefficient .72, and internal consistency .91, and the test is considered valid for adolescents. High scores indicate higher family stress.
2. General Health Questionnaire (Goldberg, D., 1972): General Health Questionnaire developed by Goldberg (1972) involves 12 items with four response alternatives. The score range of this test is 0 to 36. The reliability of the test ranges from .70 to .95 and the validity of the test is .80. High scores indicate higher psychological distress and poor mental health, whereas low scores indicate better mental health.
3. Parenting Scale (Bharadwaj, R. L., Sharma, H., & Garg, A., 1998): Parenting Scale developed by Bharadwaj, Sharma, and Garg (1998) involves items measuring parenting behavior across different dimensions with dichotomous alternatives. The score range of this test is not fixed. The reliability of the test is .72 and the validity of the test is .75. High scores indicate higher parental rejection, whereas low scores indicate higher parental acceptance.

Statistical Treatment:

Pearson's product moment correlation used to examine the relationship between the variables.

IV. RESULT AND INTERPRETATION

Table 1: Pearson's correlation matrix for parental acceptance-rejection, family stress and mental health.

Person Correlation	Parental Acceptance	Mental Health	Family Stress
Parental Acceptance	1	-.063	-.354
Mental Health		1	.151
Family Stress			1

1. There is negative correlation between parental acceptance and family stress: Results indicate that there is a negative relationship between perceived parental acceptance and family stress. The correlation was $-.354$, which shows a low negative correlation. Therefore, the first hypothesis stating that there is a negative correlation between parental acceptance and family stress was accepted, it means Parental acceptance reduces family stress moderately, which could indirectly support mental health.
2. There is negative correlation between parental rejection and mental health: Results show that there is a $-.063$ negative correlation between parental acceptance and mental health. This indicates a very low negative relationship. Hence, the second hypothesis, which states that there is a negative correlation between parental rejection and mental health, was accepted. It was found that Parental acceptance doesn't strongly relate to mental health directly.

V. CONCLUSIONS

Following are the major conclusions from the present study.

- There is negative correlation between parental acceptance and family stress.
- There is negative correlation between parental rejection and mental health.

Limitations of the Study:

The present research restricted to adolescents from the rural area of the Raigad district.

Only paper-pencil test used for measuring perceived parental acceptance-rejection.

Family detail, social status, and family background were not controlled for this study.

Suggestions:

Parents should give more emotional support and understanding to adolescents to reduce stress.

Schools can organize counseling programs to improve students' mental health.

Future studies should include larger samples from different backgrounds for better results.



Awareness programs should be conducted to educate families about healthy parent-child relationships.

REFERENCES

- [1]. Arya, A. (1984). Emotional maturity and value of superior children in family (Ph.D. thesis). Agra University.
- [2]. Barnett, R. C., Biener, L., & Baruch, G. K. (1987). Gender and stress. Free Press.
- [3]. Batra, P. (1995). Simple ways to coping stress. Think Inc.
- [4]. Begum, & Rahan. (1991). In Thenmozhi, S. (2001). Behaviour problems and adjustment problems of stepfamily adolescents in comparison with intact family adolescents. *Indian Journal of Applied Psychology*, 38(1), 1–6.
- [5]. Benton, S. A. (2003). In Mishra, S. (2010). Mental health issues among college students. *Bombay Psychologist*, 25(1–2).
- [6]. Bhatia, B. D. (1982). In Mishra, S. (2010). Mental health issues among college students. *Bombay Psychologist*, 25(1–2).
- [7]. Bretherton, I. (1985). In Bharadwaj, R. L., & Sharma, H. (1998). Manual for parenting scale. Pankaj Mapan.
- [8]. Bugental, D. B., & Goodnow, J. J. (1998). In Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviours and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539–579.
- [9]. Cook, L. K. (2007). In Mishra, S. (2010). Mental health issues among college students. *Bombay Psychologist*, 25(1–2).
- [10]. Cox, T. (1981). Stress (2nd ed.). Macmillan Press.
- [11]. Cox, T., & Mackay, C. J. (1975). In Cox, T. (1981). Stress (2nd ed.). Macmillan Press.
- [12]. Dorothy, R. (1972). The psychology of adolescence (2nd ed.). Meredith Corporation.
- [13]. Gesell, A., Ilg, F. L., & Ames, L. B. (1956). In Dorothy, R. (1972). The psychology of adolescence (2nd ed.). Meredith Corporation.
- [14]. Goldberg, D. (1972). The general health questionnaire.
- [15]. Kitzrow, M. A. (2003). In Mishra, S. (2010). Mental health issues among college students. *Bombay Psychologist*, 25(1–2).
- [16]. Levi, L., & Kagan, A. (1971). In Cox, T. (1981). Stress (2nd ed.). Macmillan Press.
- [17]. Loffredo, D., & Harrington, R. (2008). Ego states differences in university students by gender, race and college major. *Journal of Psychiatry, Psychology and Mental Health*, 2(1).
- [18]. Mayer, J. D., & Salovey, P. (1997). In Nasar, R., & Nasar, Z. (2008). *Indian Psychological Review*, 71, 251–254.
- [19]. McGee, R., & Stanton, W. R. (1992). In Misra, G. (1999). Psychological perspective on stress and health.
- [20]. McLoyd, V. C. (1994). In Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviours and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539–579.
- [21]. Mehta, M. (2000). Adolescent psychology. Pointer Publishers.
- [22]. Muriel, J., & Dorothy, J. (1975). The people book: Transactional analysis for students. Addison-Wesley.
- [23]. Muss, R. H. (1962). In Mehta, M. (2000). Adolescent psychology. Pointer Publishers.
- [24]. Palsane, M. N. (1977). Manual for adjustment inventory. Anand Agencies.
- [25]. Rogers, D. (1972). The psychology of adolescence (2nd ed.). Meredith Corporation.
- [26]. Rohner, R. P., & Khaleque, A. (Eds.). (2005). Handbook for the study of parental acceptance and rejection. Rohner Research Publications.
- [27]. Shaffer, L. F., & Shoben, E. J. (1956). In Bharadwaj, R. L., & Sharma, H. (1998). Manual for parenting scale. Pankaj Mapan.



- [28]. Shamuddin, A. (1986). In Kauser, F., & Kumari, A. (2000). A study of the effects of drugs on adolescents' personality, creativity and memory. *Journal of Psychological Researches*, 44(1), 39–47.
- [29]. Suman, L. N., & Umopathy, A. (1997). Parent-child relationship and achievement motivation. *Journal of Psychological Researches*, 41(1–2), 66–73.
- [30]. Wingate, P. (1972). In Cox, T. (1981). *Stress*. Macmillan Press.

