Parental Warmth in Childhood and Flourishing in Adults

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Abstract

Research has shown that early childhood circumstances and experiences can affect psychological well-being later on in life. In this longitudinal research study, I looked at multiple variables that impact and influence adult outcomes. My primary focus was on parental warmth and its effect on psychological well-being/flourishing. I also looked at additional parental influences during childhood: the education of parent, and age of mother at birth of child. I considered gender, race, income, neighborhood safety, and the religious activity during childhood. Data were collected from 1284 participants over the years of 1997, 2002, 2007 and 2005-2015 from the survey research center at the University of Michigan from the Child Development Supplement Codebook. Findings illustrate that the score on the parental warmth scale in childhood had an association with higher levels of flourishing in adulthood. Research findings also suggested that gender, race, income, religion, perception of neighborhood safety, and education of parents, impact psychological well-being later on in life.

Introduction

According to the Centers for Disease Control and Prevention mental health encompasses one's emotional, psychological, and social well-being (CDC, 2021). Mental health influences how we think, feel, make choices, handle stress, and relate to others. Mental health disorders, also referred to as mental illnesses, are one of the most common health conditions in the United States. More than 50% of the U.S. population will be diagnosed with a mental health disorder during their lifetime, and one in five will experience a mental illness in a given year (CDC, 2021). Mental illnesses can vary in impact and range: from no impairment, to mild or severe impairment, and the effects can be temporary or long lasting (NIMH, 2021). Examples of mental health disorders are depression, anxiety disorders, schizophrenia, eating disorders, and substance abuse disorder (Mayo Clinic, 2021).

There are a variety of causes and risk factors that increase the likelihood of developing mental health disorders. For example, negative parenting practices during childhood can foster or increase a child's vulnerability to emotional dysregulation, psychological distress, social incompetency and long-term mental health disorders (Chen at al., 2018). Having positive family relationships, specifically parent-child relationships is critical for nurturing a child's trajectory of health and well-being over their life span (Chen et al., 2018). Research links parental warmth to positive health and well-being in offspring, and lowers risks of mental health disorders later on in life (Chen et al., 2018). Parental warmth is a multi-dimensional construct that assesses parental affection, nurturing, and involvement in a child's life (Chen et al., 2018).

Understanding the role in how parenting influences outcomes of mental health is crucial. If we can better understand this research in social work, we can target parental practices for prevention and intervention strategies to improve health and well-being (Chen at al., 2018).

Mental health disorders in adults have a significant impact on the individual and society as a whole. Individuals with mental health disorders face increased physical health conditions such as, heart disease, cardiovascular disease, diabetes, and stroke, and on average these individuals have a shorter life span of 25 years (CDC, 2021). Mental health disorders are the third most common cause of hospitalization in the United States. Suicide, which is largely associated with symptoms of mental health, is the second leading cause of death between individuals ages 15-34 and the 10th leading cause of death overall (CDC, 2021).

Literature Review

Early childhood life experiences can have long-lasting positive or negative effects on adult outcomes. I considered multiple variables that contribute to adult outcomes focusing specifically on how parental warmth impacts emotional, psychological, and social well-being in adults. Research has shown that warm and supportive parenting behaviors led to an overall better well-being later on in life compared to harsh and neglectful parenting (Moran et al., 2018). Additional research studies indicate other environmental factors play a role in adult psychological outcomes, such as, income, race, education of parents, religious engagement of family, perception of safety of an individual's neighborhood, and sex of child.

Separate research studies conducted by Moran and colleagues (2018) and Chen and colleagues (2018) examined how parental warmth in childhood affects adulthood outcomes. Moren and colleagues (2018) research perceived that higher levels of parental warmth in childhood led to a more positive effect, higher well-being and problem-focused coping in adulthood. Chen and colleagues (2018) found parental warmth was positively associated with flourishing in mid-life. Both longitudinal studies obtained their data from the National Survey of Midlife Development (MIDUS) in the United States that expanded 20 years. (Moran et al., 2018)

(Chen et al., 2018). Limitations of the data sample were the following: all participants ranged from ages 25-75 years; all were English speaking Americans; 90% were White; and all were required to recall childhood experiences.

Childhood poverty has also shown long-term effects on health trajectories, psychological well-being, emotional regulation, and brain functioning in adults (Kim et al., 2013). Kim and colleagues conducted a longitudinal study on childhood income and emotional regulation and chronic stress. Data were collected in three waves with 54 participants, ages 9-24, and recruited from northeastern public schools, Head Start, and other antipoverty programs (Kim et al., 2013). Results indicated a child's family income and chronic stress correlated to reduced ability of emotional regulation (Kim et al., 2013).

Racial disparities in mental health have conflicting results. Boardman and Alexander's (2011) longitudinal research found that non-Hispanic Blacks had significantly more elevated stress profiles throughout their teens and into their twenties compared to Whites. Results also found the prevalence of depression in Blacks was significantly higher than that of Whites (Boardman & Alexander, 2011). Barnes and colleagues (2013) also looked at the effects of race on mental health but found that non-Hispanic Blacks in the US have lower rates of major depression than non-Hispanic Whites (Barnes et al., 2013).

Noble and colleagues (2015) found that parental education was linearly associated with children's total brain surface area (areas critical for language development, executive functioning, and memory) over the course of childhood and adolescence (Noble et al., 2015). Parental education in my study demonstrated a positive relationship to flourishing later on in life.

Upenieks and colleagues (2021) longitudinal research study considered religious family engagement/parental warmth and flourishing later on in life. Findings indicated that childhood

religiosity was linked to midlife flourishing, but only in the presence of a favorable mother–child relationship growing up (Upenieks et al., 2021). Upenieks and colleagues (2021) also noted that men raised in religious homes with high maternal warmth reported nearly three-quarters of a standard deviation higher flourishing than those with low maternal warmth.

Research studies also suggest an association with the perception of parent neighborhood safety and mental health. Butler and colleagues (2012) research indicated that children of parents who reported living in a neighborhood with low social support/trust had higher odds of depression/anxiety and ADHD/disruptive behavior than children living in a neighborhood with greater social support/trust.

Research also shows gender discrepancies in mental health. Ferrari and colleagues (2012), conducted a global 12-month study and notes the prevalence of major depressive disorder was 5.8% in females and 3.5% in males. As noted by Salk and colleagues in their meta-analyses (2017), however, researchers have largely ignored examining gender differences in depression in adulthood.

Methodology

Data were collected from the years of 1997, 2002, 2007 and 2005-2015 from the survey research center at the University of Michigan from the Child Development Supplement Codebook. This data collection looks at how childhood circumstances and experiences might predict adult outcomes. The data collection was nationally representative and focused on parents and their children, who were 0-12 years of age at the start of the study.

In my research study, I explored the relationship between mental health and parental warmth. I predicted a positive relationship between parental warmth and positive mental health; I hypothesize children whose parents scored higher on the parental warmth scale will have

increased values of the log of flourishing measure**.** Flourishing is considered a multifaceted concept and combines three aspects of well-being: emotional, psychological, and social (Chen et al., 2018). I also hypothesize a positive relationships between age of the mother at the time of their child's birth and years of education of the parents and the log of flourishing. I hypothesize a negative relationship between percentage of childhood poverty and log of flourishing. I predict that females will have an increased log of flourishing compared to those who are male. I predict that those who are Black will have a decreased log of flourishing compared to those who are White. I predict that children who live in a safe neighborhood will have an increased log of flourishing compared to those who don't live in a safe neighborhood. I predict that those who grew up never going to church have a decreased log of flourishing than those who attend once a week.

An OLS regression test was run because our dependent variable was I/R. SPSS statistical analysis was used for the variables included in this model.

Results

Table 1 provides a description of my sample. The Sample size for this model was 1284 participants. The mean for the logged dependent variable was 2.6059. The higher the score on the log of flourishing, indicates higher flourishing, whereas the lower the score indicates less flourishing and more languishing. The means for various variables collected in this research were the following: the average amount of time that a child lived in poverty was 18.76%, with a SD of .32525; the average score on the parental warmth scale was 3.9223, with a SD of .63526; and the average age for a mother of a child at birth was 28.0397 years old, with a SD of 5.72771. The participants in this study were 50.31% female, 35.05% African American, and 87.85% of parents considered their child's neighborhood safe.

Table 1. Descriptive Statistics

Variable Description	Mean (SD)
(DV) loglanguishflourish	2.6059 (.16420)
Child is female	.5031
ParentalWarmth Scale	3.9223 (.63526)
Chhispanic	.0187
Chraceother	.0514
Child is African American	.3505
Age of Mother at birth of child	28.0397 (5.72771)
% of childhd in poverty	.1876 (.32525)
Finehd	13.2305 (2.28038)
Child attend relig svc>than once	.1526 (.35979)
Child attend relig svc<than once a week	.3808 (.48578)
Child attend relig svc once a week	.3115 (.46330)
Does the Child attend relig svc	.1550
Consider the neighborhood safe?	.8785
N=1284	

Table 2 provides the regression analysis results. The adjusted R-squared is .031, which indicates that 3.1% of variance in the logged mental health:flourish/languish scale is explained by all the independent variables collectively. The model is statistically significant at every level.

Table 2. Results of OLS regression

Variable	B (SE)
Child is Female	.024 (.009) **
Parental Warmth Scale	.016 (.007) *
Chhispanic	-.055 (.042)
Chraceother	.052 (.026) *
Child is African American	.029 (.011)*

Age of mother at birth of child	.001 (.001)
% of childhd in poverty	-.024 (.017)
Finedhd	.008 (.002) ***
Child attend relig svc >than once a week	.022 (.014)
Child attend relig svc once a week	.019 (.011)
Does the Child not attend relig svc	-.011 (.014)
Consider the neighborhood safe?	.012 (.015)
Intercept	2.388
Adjusted R Square	.031
N	1284

The following variables proved non statistically significant in this regression table: if a child was Hispanic, the age of mother at birth of child, religious activity, and if the parent considers the child's neighborhood safe. For example, according to these data, if a child was Hispanic this has no predictable effect on the logged mental health later on in life: emotional well-being, social well-being, psychological well-being. Another example is that the age of the mother at a child's birth also shows no predictable effect on the child's logged mental health later on in life.

There were variables in this model that did, however, demonstrate statistical significance: Parental Warmth, gender of child, if the child was African American, or if the child was of another race other than Hispanic, African American or White and the total years of education for the head of household.

For each additional 1 unit increase in the Parental Warmth Scale, this model predicts a 1.6% increase on logged mental health: emotional well-being, social well-being, psychological well-being/Flourishing scale controlling for all other variables in the model. This is significant at the .05 level.

For each additional 1 unit increase in years of education, this model predicts a .8% increase on logged mental health: emotional well-being, social well-being, psychological well-

being/Flourishing scale controlling for all other variables in the model. This is significant on all levels: .05, .01, .001 level.

    If the child is female, this model predicts a 2.4% increase on logged mental health: emotional well-being, social well-being, psychological well-being/Flourishing scale in comparison to males controlling for all other variables in the model. This is significant at the .05 and .01 level.

Discussion

    Many components during childhood impact the mental health and flourishing later on in life. In my research the following variables had a positive association with flourishing later in life: being female, parental warmth, if you are Black, or identify as a race other than White or Hispanic, and your parents' educational level. If included in the CDCS, I would have added two additional variables to my research study: the mental health of parents and if a parent is prescribed any medications for mental health. Parental warmth consistently had a positive association with flourishing later on in life in recent studies. In research conducted outside my study, however, poverty and religion during childhood was associated with adult mental health outcomes. Research on racial discrepancies were associated with mental health outcomes however there were contradictory results. Boardman and colleagues (2011) research on Blacks and Hispanics indicated poor mental health outcomes in comparison to Whites, whereas Barnes and colleagues (2013) found that non-Hispanic Blacks in the US had lower rates of major depression than non-Hispanic Whites. A few factors could have contributed to varying results. The sample size in Boardman's research (N= 90,000) was more than double that of Barnes's, and Whites were represented three times more than Blacks (N=43,093; Whites N=23,162 and N=7,556 blacks). Boardman and colleagues (2011) obtained data from adolescents in grades 7-

12 whereas Boardman and colleagues (2013) looked at individuals age 18 and older. There are still other factors to be considered--for example, adolescent Black youth may report more mental health concerns compared to those age 18 and older.

In my research, I found that being female indicated an increase in flourishing compared to males. However, Ferrari and colleagues (2012) noted that the opposite is true. This could be because their sample was global while my data was limited to only Americans. Additionally, as noted by Salk and colleagues (2017), researchers have not examined gender differences in depression in adulthood.

Income and neighborhood safety during childhood demonstrated an association with flourishing later on in life. Childhood poverty negatively impacts adult outcomes according to research by Kim and colleagues (2013), but in my OLS analysis on this variable there was no statistical significance. This could be because in my study the average amount of time a child living in poverty was 18.76%, whereas Kim and colleagues (2013) took participants from various antipoverty programs like Head Start. Research also suggests that the perception of neighborhood safety also positively impacts adult outcomes; however, my research did not indicate there was a statistical significance. One reason could be that my sample size was considerably smaller (N=1284) compared to Butler and colleagues (N=64,076).

These findings emphasize the significance of parental behaviors during childhood, and the impact on adult mental health. It demonstrates the need for social work programs and policy to invest in teaching parental practices to best support children during the early years. Individuals with mental health disorders, which is 50% of the population, face various physical problems and have increased hospitalizations (CDC, 2021), and therefore an increase cost to society. Additional research should also look at other contributing factors to adult mental health

outcomes, such as gender, race, income, neighborhood safety, education of parents and religious activity.

Conclusion

Early childhood experiences have long-lasting effects on individuals throughout their lifetime. Adult mental health and flourishing is significantly impacted by parental warmth during childhood. According to my research, gender, race, and parental education also impact mental health and adult outcomes. Further research should be conducted in order to better understand the additional variables and complexity of factors that impact flourishing in adulthood. It is important for social policy to better understand what factors to invest in to positively contribute to better mental health in adults. As the research indicates, parental programs, neighborhood safety programs, and anti-poverty programs are worth investing in. Additionally, further research on contributing factors of mental health outcomes for adults should be considered.

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