Parenting Effects on Young Adults: Mental Health & Estrangement Levels

By

Meghan Chamblin

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Thesis Committee:
Dr. Mary Beth Asbury, Thesis Director
Dr. Vile, Thesis Committee Chair

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APPROVED:

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Dr. Mary Beth Asbury, Thesis Director
Chairman, Communication Studies Department

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Dr. John Vile, Thesis Committee Chair
Dean, University Honors College

Abstract

This study examined the relationship between perceived parenting styles and mental health outcomes, specifically anxiety and depression, among Generation Z adult children. Participants consisted of 14 individuals between the ages of 18 and 22 who completed an online survey assessing retrospective perceptions of parenting behaviors and current psychological functioning. Measures included the Egna Minnen av Barndoms Uppfostran (EMBU) and the Parent–Child Relationship Questionnaire (PACQ), which assess dimensions such as parental rejection, overprotection, and emotional warmth. Pearson product–moment correlations were conducted to evaluate associations between parenting variables and mental health outcomes.

Results indicated a statistically significant positive relationship between perceived parental rejection and anxiety, as well as between overall negative parenting perceptions and anxiety. Emotional warmth was also positively associated with anxiety, suggesting potential complexity in how individuals interpret parental behaviors. No statistically significant relationships were found between parenting variables and depression. These findings suggest that perceived parenting behaviors—particularly rejection—may be more strongly associated with anxiety than depression in emerging adulthood.

Limitations include the small sample size, reliance on self-report measures, and the cross-sectional design. Future research should examine these relationships using larger and more diverse samples, as well as longitudinal designs, to better understand the long-term impact of parenting on mental health outcomes.

Introduction

Parenting styles have long been recognized as foundational influences on psychological development, shaping emotional regulation, interpersonal relationships, and mental health outcomes across the lifespan. Within developmental psychology, extensive research has demonstrated that early interactions with caregivers contribute to long-term patterns of attachment, coping, and emotional functioning. As individuals transition into emerging adulthood, these early experiences continue to exert influence, particularly in the domains of anxiety and depression.

Generation Z, broadly defined as individuals born between 1997 and 2012, represents a cohort uniquely positioned within a rapidly evolving sociocultural and technological landscape. This generation has been characterized by increased exposure to digital environments, shifting family dynamics, and heightened awareness of mental health concerns. Consequently, examining the influence of parenting within this population is both timely and necessary for understanding contemporary psychological outcomes.

While prior research has extensively explored parenting styles during childhood and adolescence, comparatively less attention has been given to how retrospective perceptions of parenting influence mental health in emerging adulthood. Importantly, individuals' subjective interpretations of their upbringing—rather than objective measures of parenting alone—may play a critical role in shaping psychological outcomes. Additionally, increasing attention has been given to relational distance and estrangement

between adult children and their parents, suggesting that perceived parenting behaviors may have endured relational as well as emotional consequences.

The present study aims to examine the relationship between perceived parenting styles and mental health outcomes among Generation Z adult children. Specifically, this study investigates how dimensions of parenting—such as rejection, overprotection, and emotional warmth—are associated with anxiety and depression. By focusing on retrospective perceptions of parenting, this research seeks to contribute to a more nuanced understanding of how early family dynamics continue to influence psychological well-being during emerging adulthood.

Literature Review

Parenting Styles

Parenting styles have been widely examined as foundational influences on children's emotional and psychological development. Baumrind (1966, 1971) developed one of the most influential typologies of parenting styles through observational research on parents and young children. This framework identifies four primary parenting styles—authoritative, authoritarian, permissive, and neglectful—based on how parents balance control and warmth in their interactions with their children (Segrin & Flora, 2005).

Authoritative parenting is generally regarded as the most adaptive parenting style. It is characterized by high levels of warmth combined with firm but reasonable control. Parents who adopt this approach engage in open communication, provide explanations for rules, and encourage autonomy while maintaining appropriate expectations (Segrin &

Flora, 2005). This balanced approach fosters emotional security, independence, and effective communication skills in children.

In contrast, permissive parenting is characterized by moderate warmth but low levels of control. Permissive parents tend to avoid enforcing rules and may prioritize maintaining a positive relationship over setting boundaries (Segrin & Flora, 2005). As a result, children raised in permissive environments may struggle with self-regulation and accountability due to the lack of consistent structure.

Neglectful parenting, sometimes referred to as uninvolved parenting, is characterized by low levels of both warmth and control. Parents who exhibit this style are often emotionally detached and minimally involved in their child's life (Segrin & Flora, 2005). This lack of engagement can result in significant developmental challenges, as children may not receive the emotional support or guidance necessary for healthy development.

Finally, authoritarian parenting is defined by high levels of control and low levels of warmth. Parents who adopt this style enforce strict rules and expectations but provide little explanation or emotional support. Communication is typically one-sided, and children are expected to comply without question (Segrin & Flora, 2005). This approach often discourages autonomy and emotional expression, relying heavily on punitive discipline. Additionally, authoritarian parenting has been associated with emotional dysregulation in both parents and children, as well as increased reliance on rigid belief systems to justify control (Morris et al., 2007).

The present study focuses specifically on authoritarian parenting due to its consistent association with negative psychological and relational outcomes. Prior research suggests that authoritarian parenting may contribute to long-term emotional difficulties and strained parent–child relationships in adulthood (Pinquart, 2017). Despite this, relatively little research has examined these effects specifically within Generation Z, a cohort that places significant emphasis on mental health, autonomy, and open communication.

Parenting and Mental Health Outcomes

A substantial body of research has linked parenting behaviors to mental health outcomes across the lifespan. Authoritarian parenting, in particular, has been consistently associated with increased risk for anxiety, depression, and low self-esteem. These outcomes are often attributed to environments characterized by high control, low emotional support, and limited opportunities for autonomy.

Research has demonstrated that dysfunctional parenting behaviors can contribute to depressive symptoms, particularly when parents lack emotional responsiveness or struggle with their own mental health challenges (Jones, 2014; Segrin & Flora, 2005). When children are raised in environments that lack emotional warmth and validation, they may internalize feelings of inadequacy and develop maladaptive cognitive patterns associated with depression.

In addition to depression, authoritarian parenting has been strongly linked to anxiety. Children raised in highly controlling environments may experience heightened fear of failure, increased sensitivity to criticism, and difficulty developing independent

coping strategies (Chen, 2022). These individuals often report lower self-esteem and higher levels of psychological distress in adulthood.

Gibson (2015) further argues that parental rejection, a common feature of authoritarian parenting, contributes to long-term emotional insecurity. Adult children who experience rejection during formative years may develop persistent expectations of rejection in future relationships, leading to chronic anxiety and difficulties in interpersonal functioning. These patterns may extend into adulthood, shaping self-perception, emotional regulation, and relational dynamics (Chen, 2022).

The study of these relationships is particularly important within Generation Z. This generation has come of age during a period marked by increased mental health awareness, as well as significant societal stressors such as the COVID-19 pandemic, economic instability, and rapid technological change. Research indicates that Generation Z reports higher levels of anxiety and depression compared to previous generations (Twenge et al., 2021). At the same time, they are more likely to engage in mental health discourse, seek therapy, and challenge traditional family dynamics (Gibson, 2015).

Understanding how parenting contributes to these outcomes is essential for developing effective interventions and promoting psychological well-being in this population.

Family Estrangement

One potential outcome of negative parenting experiences is family estrangement. Estrangement refers to the emotional or physical distancing of family members, often

resulting from prolonged relational conflict, unmet emotional needs, or boundary violations. Recent estimates suggest that approximately 27% of adults in the United States experience some form of family estrangement (Saulnier, 2021).

Authoritarian parenting may contribute to estrangement through patterns of emotional invalidation, rigid control, and ineffective communication. Children raised in such environments may feel unheard, dismissed, or punished for expressing autonomy. Over time, these experiences can lead to emotional disconnection and relational strain that persists into adulthood (Gibson, 2015).

As adult children begin to assert independence and establish boundaries, authoritarian parents may interpret these behaviors as disobedience or disrespect. This mismatch in expectations can create significant relational conflict, often resulting in distancing or estrangement. In many cases, estrangement serves as a coping mechanism for individuals seeking to protect their mental health and establish healthier relational boundaries.

Emerging discourse, particularly among Generation Z, highlights a growing awareness of estrangement as a response to dysfunctional family dynamics. Online communities and social media platforms have become spaces where individuals share experiences of navigating difficult parental relationships and making decisions about estrangement (Twenge et al., 2021). Additionally, self-help literature such as Gibson (2015) and Allen (2018) has gained popularity among individuals seeking to understand and cope with emotionally immature or controlling parents.

The increasing visibility of estrangement underscores the importance of examining its relationship with parenting styles. As Generation Z continues to prioritize mental health and emotional well-being, understanding the long-term effects of authoritarian parenting on both psychological outcomes and family relationships is critical.

Methods

Participants

Participants in this study consisted of 14 individuals who identified as members of Generation Z and were at least 18 years old. The age of participants ranged from 18 to 22 years old ($M = 20.36$, $SD = 1.43$), with 11 respondents providing valid age data.

The sample included 12 participants who identified as female (85.7%), one participant who identified as male (7.1%), and one participant who identified as non-binary or third gender (7.1%). In terms of racial and ethnic identity, most participants identified as White (78.6%), with additional participants identifying as Asian (7.1%), Hispanic/Latino (7.1%), and Other (7.1%).

Regarding educational attainment, most participants reported having completed a high school diploma or GED (85.7%), while one participant reported holding a Bachelor's degree (7.1%). One participant did not report their education level.

Participants were also asked about their upbringing. All respondents (100%) indicated that they were raised by a mother or primary female guardian. Additionally, 85.7% reported being raised by a father or primary male guardian. One participant reported being raised by a grandparent (7.1%), and one participant reported being raised by another relative or guardian (7.1%). No participants reported being raised by adoptive parents, foster parents, or same-gender parental pairs.

Participants were asked to describe their current relationship with their parent(s) or guardian(s). Responses indicated that 42.9% described their relationship as very close,

14.3% reported being somewhat close, and 42.9% reported being somewhat distant. All participants indicated that at least one of their parents or guardians was currently alive.

Procedures

Data were collected using an online survey designed to assess the relationship between perceived parenting style and mental health outcomes among Generation Z adult children. Participants were recruited through convenience sampling methods, including outreach to college students and individuals within the target age range. Participation was voluntary, and respondents completed the survey anonymously.

The survey included demographic questions as well as items assessing participants' experiences with parental authority and current relational dynamics with their parents or guardians. Questions also addressed aspects of mental health and relational distance or estrangement. The survey was distributed electronically, and responses were compiled and analyzed using statistical software.

Data Analysis

Data were analyzed using IBM SPSS Statistics. Descriptive statistics were calculated to summarize demographic characteristics of the sample, including age, gender identity, race/ethnicity, education level, upbringing context, and current relationship status with parents or guardians. Measures of central tendency and dispersion (mean, standard deviation, minimum, and maximum) were calculated for continuous variables such as age. Frequencies and percentages were calculated for categorical variables such as gender identity, race/ethnicity, education level, and family background variables.

These descriptive analyses provided an overview of the sample characteristics and contextual background necessary for examining the relationship between authoritarian parenting, mental health outcomes, and levels of estrangement among Generation Z adult children.

Results

Pearson product–moment correlations were conducted to examine the relationships between perceived parenting behaviors and mental health outcomes (anxiety and depression). The sample consisted of 14 participants, although pairwise deletion resulted in slightly smaller sample sizes for some analyses.

Parental Relationship (Mother) and Mental Health

Correlational analyses examined associations between maternal parenting behaviors (PACQ) and mental health outcomes. There was a small, positive correlation between maternal parenting scores and anxiety; however, this relationship was not statistically significant, $r(11) = .214$, $p = .483$. Similarly, the relationship between maternal parenting scores and depression was positive but non-significant, $r(11) = .137$, $p = .654$. These findings indicate that maternal parenting perceptions were not significantly associated with anxiety or depression in this sample.

Parental Relationship (Father) and Mental Health

The relationship between paternal parenting scores and mental health outcomes was also examined. The correlation between paternal parenting scores and anxiety was negligible and non-significant, $r(11) = .007$, $p = .981$. Additionally, the relationship

between paternal parenting scores and depression was negative but non-significant, $r(11) = -.146$, $p = .634$. These results suggest no significant association between paternal parenting perceptions and mental health outcomes.

Combined Parental Relationship and Mental Health

When maternal and paternal parenting scores were combined, correlations with mental health outcomes were also non-significant. The correlation between combined parental scores and anxiety was negative but not statistically significant, $r(12) = -.183$, $p = .531$. Likewise, the relationship between combined parental scores and depression was negative and non-significant, $r(12) = -.336$, $p = .240$.

Overall Parenting Perceptions (EMBU) and Mental Health

Correlations were conducted between the overall EMBU parenting scale and mental health outcomes. A statistically significant positive relationship was found between EMBU scores and anxiety, $r(12) = .600$, $p = .023$, indicating that higher levels of perceived negative parenting behaviors were associated with higher anxiety levels. The correlation between EMBU scores and depression was positive but not statistically significant, $r(12) = .344$, $p = .228$.

Parental Acceptance and Mental Health

Perceived parental acceptance was examined in relation to mental health outcomes. Acceptance was positively correlated with anxiety; however, the relationship was not statistically significant, $r(11) = .314$, $p = .297$. The correlation between parental acceptance and depression was negative but also non-significant, $r(11) = -.201$, $p = .511$.

EMBU Subscales and Mental Health

Rejection

Perceived parental rejection was strongly and positively associated with anxiety, $r(12) = .705$, $p = .005$, indicating that higher levels of perceived rejection were related to higher anxiety levels. The relationship between rejection and depression was positive but not statistically significant, $r(12) = .170$, $p = .560$.

Overprotection

Perceived parental overprotection showed positive but non-significant correlations with both anxiety, $r(12) = .289$, $p = .315$, and depression, $r(12) = .390$, $p = .167$.

Emotional Warmth

Emotional warmth was significantly positively correlated with anxiety, $r(11) = .565$, $p = .044$. The relationship between emotional warmth and depression was positive but non-significant, $r(11) = .337$, $p = .261$.

Relationships Between Parenting Measures

Additional analyses examined relationships among parenting perception measures. Maternal PACQ scores were positively correlated with overall EMBU scores, although this relationship did not reach statistical significance, $r(11) = .509$, $p = .076$. Maternal PACQ scores were significantly positively associated with the EMBU overprotection subscale, $r(11) = .750$, $p < .05$.

In contrast, paternal PACQ scores were not significantly correlated with overall EMBU scores, $r(11) = .100$, $p = .746$, nor with the EMBU subscales of rejection, overprotection, or emotional warmth.

Finally, correlations among the EMBU subscales revealed a significant positive relationship between rejection and emotional warmth, $r(11) = .748$, $p < .05$.

Discussion

The purpose of this study was to examine the relationship between perceptions of parenting behaviors and mental health outcomes, specifically anxiety and depression. Several parenting dimensions were explored, including parental rejection, overprotection, emotional warmth, and overall perceptions of parenting. While many of the correlations were not statistically significant, several meaningful patterns emerged that contribute to understanding how perceived parenting behaviors may relate to mental health outcomes.

One of the most notable findings was the significant positive relationship between perceived parental rejection and anxiety. Participants who reported higher levels of parental rejection also reported higher levels of anxiety. This finding is consistent with previous research (e.g., Khaleque & Rohner, 2012; McLeod et al., 2007; Wood et al., 2003), which has demonstrated that perceived parental rejection and controlling parenting behaviors are significantly associated with increased anxiety and psychological distress. This suggests that perceived parental rejection may contribute to psychological distress and anxiety-related symptoms. Parental rejection has been linked in prior literature to feelings of insecurity, reduced emotional support, and increased vulnerability to anxiety. These results therefore align with theoretical frameworks suggesting that early relational

experiences with caregivers may influence emotional regulation and mental health outcomes later in life.

Additionally, overall perceptions of parenting (as measured by the EMBU scale) were significantly associated with anxiety. Participants who reported more negative parenting experiences tended to report higher levels of anxiety symptoms. This finding further supports the idea that perceptions of parenting environments may play a role in the development or maintenance of anxiety. Although causality cannot be established due to the correlational nature of the study, the results suggest that individuals who perceive their upbringing as more negative may also experience greater anxiety.

Interestingly, emotional warmth was also significantly correlated with anxiety in this sample. While emotional warmth is typically expected to be associated with better mental health outcomes, this positive relationship may reflect the complexity of parenting perceptions or measurement differences within the sample. It is possible that individuals who are more reflective about their family relationships report higher scores across multiple parenting dimensions, or that certain items capture mixed aspects of parental involvement. Further research with larger samples may help clarify this relationship.

In contrast to anxiety, depression was not significantly associated with most parenting variables measured in the study. Although some correlations between parenting variables and depression were positive or negative, none reached statistical significance. This may suggest that the parenting behaviors measured in this study are more strongly related to anxiety symptoms than depressive symptoms, or that the study lacked sufficient statistical power to detect these relationships.

Another notable finding was that perceptions of maternal parenting were somewhat more strongly related to other parenting constructs than paternal parenting perceptions. For example, maternal PACQ scores were moderately associated with EMBU measures such as overprotection, whereas paternal parenting perceptions showed weaker relationships across measures. This difference may reflect participants' greater recall, emotional connection, or perceived influence of maternal parenting behaviors compared to paternal behaviors. However, this pattern should be interpreted cautiously due to the small sample size.

Overall, the findings of this study highlight the potential role of perceived parenting behaviors, particularly parental rejection,in relation to anxiety symptoms. These results are broadly consistent with previous literature, emphasizing the importance of early caregiver relationships in shaping emotional development and psychological well-being.

Limitations and Future Research

Several limitations of the current study should be acknowledged. First, the sample size was small (*N = 14*), which limits statistical power and reduces the ability to detect smaller effects. The small sample also restricts the generalizability of the findings. Second, the study relied on self-report measures, which may be influenced by recall bias or subjective interpretation of past parenting experiences. Participants' current emotional states may also influence how they remember and evaluate their childhood environments. Third, the cross-sectional and correlational design prevents any conclusions about causality. While associations were observed, it cannot be determined whether perceived

parenting behaviors contribute to mental health outcomes, whether mental health influences recollections of parenting, or whether other variables may explain the relationship.

Future research should attempt to replicate these findings using larger and more diverse samples. Longitudinal research designs may be particularly useful for examining how parenting behaviors influence mental health outcomes over time. Additionally, future studies could explore potential mediating or moderating variables, such as attachment style, coping strategies, or social support, which may help explain how parenting experiences relate to psychological well-being.

Despite these limitations, the present study contributes to the broader understanding of how perceived parenting experiences may relate to mental health outcomes. The findings suggest that perceptions of parental rejection and overall parenting experiences may be particularly relevant to anxiety symptoms. Continued research in this area may help clarify the mechanisms through which early family relationships influence mental health and may inform prevention and intervention efforts aimed at supporting psychological well-being.

Implications

First, the findings highlight the potential importance of perceived parental rejection in relation to anxiety symptoms. Understanding how individuals interpret and internalize parenting behaviors may provide valuable insight into emotional development and vulnerability to anxiety. These results suggest that interventions aimed at improving

parent–child communication and emotional support may contribute to better mental health outcomes.

Second, the study contributes to the literature on perceived parenting and emerging adult mental health, an area that continues to receive increasing attention. Many existing studies focus on childhood or adolescence, but the current findings suggest that individuals' recollections of parenting experiences remain relevant to psychological well-being during emerging adulthood.

Finally, the findings support the continued use of theoretical frameworks such as Parental Acceptance-Rejection Theory in understanding the relationship between family relationships and psychological functioning. Future research could expand these findings by examining potential mediators such as attachment style, emotion regulation, or coping strategies.

Future Studies

Future research should seek to replicate these findings with larger and more diverse samples to improve statistical power and generalizability. Longitudinal studies would be particularly valuable for examining how parenting behaviors influence mental health outcomes across developmental stages.

Additionally, future research could explore potential mediating variables that may help explain the relationship between perceived parenting behaviors and mental health outcomes. For example, attachment styles, self-esteem, and emotion regulation strategies

may play important roles in shaping how individuals respond to early parenting experiences.

Expanding research in this area may help clarify the mechanisms through which family relationships influence psychological well-being and may inform prevention and intervention strategies aimed at reducing anxiety and promoting healthy emotional development.

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Office of Research Compliance
2269 Middle Tennessee Blvd.
Sam H. Ingram Bldg., Room 010A
Murfreesboro, TN 37132
(615) 898-2400 compliance@mtsu.edu

RESEARCH PARTICIPANTS NEEDED!

Study Title: **Authoritarian Parenting Effects on Young Adults: Mental Health & Estrangement Levels Survey**
Protocol Number: IRB-FY2026-20
Approval Date: December 16, 2024
Principal Investigator: Meghan Chamblin
Institution: Middle Tennessee State University

Study Description and Purpose: The purpose of this study is to uncover connections between parenting styles and the impact on young adults within Generation Z with mental health and family estrangement. You will be asked to answer questions regarding your upbringing by the guardian(s) who assumed the caretaker role. The data provided by you, the participant, will be collected and organized to find overlap and correlation to the study's research questions. The survey should take no longer than five to ten minutes.

Target Population: 18- to 25-year-olds regardless of gender or background

Risks & Benefits: The survey may lead to suppressed feelings of discomfort and hurt arising in the participants if they experienced adverse childhood experiences or abuse. Due to this potential risk for the participant, mental health resources and services will be shared at the end of the survey.

Contact Information: mec8z@mtmail.mtsu.edu
Principal Investigator: Meghan Chamblin
Contact Information: (865) 466 - 6953
Faculty Advisor: Dr. Mary Beth Asbury
Contact Information: marybethasbury@mtsu.edu

For additional information about your rights as a participant in this study, please contact the Middle Tennessee State University (MTSU) Office of Compliance at 615-494-8918 or via email at irb_information@mtsu.edu. (http://www.mtsu.edu/irb)