

The Impact of Parental Acceptance and Rejection on Mental Health among Young Adults

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ABSTRACT

The present study aimed to explore the effect of parental acceptance and rejection on mental health of young adults. Purposive sampling techniques was ensued to elect 225 (115 male & 110 female) young adults from Rajshahi city as a sample of the study. Bangla version of the Parental Acceptance-Rejection Questionnaire and Bangla version of Global Mental Health Questionnaire (GHQ-12) were employed to assess parental acceptance and rejection, mental health of the participants. After collecting data, the data was scored and analyzed by employing Mean, Standard deviation, Percentage, Pearson's product moment correlation, Regression Analysis through SPSS version 26. Result in this study showed that most of the participants were accepted by their parent than rejection in childhood and findings also revealed that there is significant positive correlation between parental acceptance-rejection and Mental health of respondents.

Keywords: Parental Acceptance, Parental Rejection, Mental Health, Young Adults

A parent is a caregiver of the offspring, generally a mother or father. They have duty to ensure their children's rights, the rights to be safe, to be treated with affection. Parenting style is significantly concerned with child's Mental health and wellbeing (Rubin and Kelly, 2015). Parenting warmth, rejection, overprotection, and discipline, have salient impact on personality formation and development and also in mental health.

A Positive acceptance may include welcome and belonging, favor, affection, care, comfort, emotional support, endorsement etc. Parental acceptance is the warmth, care, benevolence, kindness, love, and support that children adeptness from their parents (Rohner et. al., 2012). Parents may accept their children in many ways such as give respect their child's feeling and give right to express them, accept the uniqueness of the child, recognize the child's need for independence and autonomy, give unconditional love and so on. Parental acceptance can be displayed in multiple ways, such as Physical affection which includes Hugging, kissing etc., Verbal affection which includes Praising, saying nice things etc., Symbolic affection which includes using specific gestures and so on (Rohner et. al., 2008). A greater acceptance can boost mental health.

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Rejection can be defined as withholding of love, affection and approval. In the concerns of mental health, rejection most frequently refers to the feeling of shame, sadness, torment or grief people feel when they are not accepted by others and it generate some of the most distressing and overbearing events in people's lives (Leary,2015). When parents do not care, do not love or do not give importance to their child is known as parental rejection, it also includes denial, refusal, coldness, aloofness, neglect, disregard and so forth. Parental rejection may worsen child's personal and socio-emotional development and also connected to psychological disorders (Pereira, 2022).

Mental health is as important as physical health in one's life. Mental health is a situation consist of wellbeing and welfare, that helps individual to know about his or her abilities, coping strategy to confront the normal tensions of life, able to perform and productively. It's not only the missing pathologies but also one's potency to gain their strength, work generously and productively and contribute to his community (Grant et al., 2019).

Young adulthood is significant developmental turn in life occurs between the ages 18 to 25 years (Higley, 2019). It's very cabalistic age where people face different physical, psychological, sexual and social change. Rejection in childhood can cause a sense of inadequacy, trauma, fear, shame which can make trouble in further life (Marichi, 2015). There is great influence of parenting roles in young adult development. Parents differ in the extent to which they furnish opportunities for young adults to obtain the support and the challenges that foster development. Delays may be created in healthy development due to serious illness, especially mental illness. Over expectation and demand from young adults make them mentally handicapped.

LITERATURE REVIEW

Ronald Preston Rohner and A. Britner has researched on Worldwide Mental Health Correlates of Parental Acceptance-Rejection: Review of Cross-Cultural and Intracultural Evidence in 2002. Result of these, tends to converge on the conclusion that parental refusal in childhood the related with depressive symptoms development in children, adolescents, and adults of boys and girls. Result also revealed that parental rejection was related with behavior problems, depression and substance use. Social, behavioral, emotional, and cognitive issues in the development of children, adolescence and adults everywhere is happened due to parental rejection. In 2011, Sadaf Khan et al. examined Relationship of Parental Acceptance and Rejection with Psychological Wellness in Young Adults. The findings showed that Parental acceptance and rejection has crucial role in connection to psychological wellbeing and functioning in young adults.

In 2013, Fauzia Naz and Rukhsana Kausar studied Parental Rejection, Personality Maladjustment and Depressive Symptoms in Female Adolescents in Pakistan. Result exhibited, personality maladjustment and depressive symptoms were positively correlated. Findings showed remarkable positive relationship among parental rejection, personality maladjustment and depressive symptoms in adolescents and further suggested that personality maladjustment and parental rejection appeared as significant determinants of depressive symptoms in adolescents.

A study proposed by Kim (2013) named "Korean American Parental Depressive Symptoms and Children's Mental Health: The Mediating Role of Parental Acceptance–Rejection." This study showed the mediating role of parental acceptance–rejection in the relationship between parental depressive symptoms and children's mental health. Here they explored that

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for both parents, child psychosocial trouble was interceded by parenting behavior, where Parenting rejection became the stronger fixer than parental acceptance. Research was taken by Rumana Aktar and Aynur Nahar named "Parental Acceptance, Mental Health and Self-efficacy of Adults in Bangladesh" (2014), where they found that remembered maternal and paternal acceptances were significantly correlated with adults' mental health and self-efficacy. Results of multiple regression analyses disclosed that both maternal and paternal acceptance were significant predictors of mental health and self-efficacy.

Raina and Goyal (2018) query on "Impact of parental acceptance-rejection on anxiety among metropolitan adolescents". The result expressed that parental rejection make adolescent more anxious in nature. A study named Parenting Style and Adolescent Mental Health: The Chain Mediating Effects of Self-Esteem and Psychological Inflexibility (2021) was studied by Biao Peng et.al. The result proposed the Warmth dimension had a pragmatic influence on adolescent mental health. The intervene factors were self-esteem and psychological inflexibility.

Association Between Parental Parenting Style Disparities and Mental Health: An Evidence from Chinese Medical College Students was studied by Gan ding et al (February, 2022). The cross-sectional study has expressed that positive relationship between parental rough parenting style and mental illness. That suggests that there is a positive relationship between parental rejection and mental disorders. Suzanne Verhaar et al. examined The Impact of Parental Alienating Behaviors on the Mental Health of Adults Alienated in Childhood in March, 2022. The result of the study points out that exposure to parental alienating behaviors such as anxiety disorders or trauma reaction in childhood can have a significant influence on the mental health of those children in adulthood.

Rationale of the Study

Pleasant and joyful bonding with parents and their children can have noteworthy effects on mental health, but at the same time cold and baleful relation makes life worse for children. In early adulthood mental health issues are very common now a days. For long researchers have given comprehensive deliberation to parental-acceptance and rejection. But very few of them were used young adults as a participant and also in Bengali culture. Considering that empiric wants to research on this topic. This can be adjuvant for parents to deal with their child and raise them. This exploration would be conducive to produce research findings regarding parental acceptance, rejection, and mental health context in Bangladesh. It will also be helpful for the mental health professionals, Psychiatrist or whom works in such area. It can also be subsidiary for psychologist to get predisposing factors of mental illness and mental health problems.

Objectives: The objectives of this study are stated below:

- To find out the nature of PAR among the participants.
- To inquire if there is any relationship between perceived parental acceptance-rejection and Mental health among young adults.

Hypotheses:

On the foundation of the evidence the following hypotheses were formulated to test in the running study-

- Most of the participants in this study would have been accepted than rejection in childhood by their parents.

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- Perceived Parental acceptance-rejection has impacted on young adult's Mental health.

METHODOLOGY

Target Population

The local residents and students who live in Rajshahi city for educational purpose were the target population of this research. The ages of participant were ranged 18 to 25 years. The targeted inhabitants in present study are the students studying at different types of educational level including higher secondary to Masters.

Participants

The samples of this research comprise of 225 (115 male and 110 female) young adults of Rajshahi city. Samples were collected from the target population. By using Purposive and convenient sampling techniques from Rajshahi city Corporation the candidates were chosen. The majority of participants were from middle class background and they were the biological kid of their parents. By insuring them to keep data confidential the data were collected with their willing consent.

The demographic profiles of the selected respondents are shown in Table 2.1 on the next page.

Table 1: Demographic information of participants

Variables		n	%
Respondent's Gender	Male	115	51.1
	Female	110	48.9
Respondent's Age	18 years	29	12.9
	19 years	31	13.8
	20 years	27	12.0
	21 years	29	12.9
	22 years	20	8.9
	23 years	32	14.2
	24 years	26	11.6
	25 years	31	13.8
Respondent's education	Secondary	64	28.4
	Honors	128	56.9
	Masters	33	14.7
Socio-economic status	Lower class	16	7.1
	Middle class	206	91.6
	Higher class	3	1.3
Maternal Education	Below Secondary	17	7.6
	Secondary	36	16.0
	Higher Secondary	91	40.4
	Honors	64	28.4
	Masters	17	7.6
	Paternal Education	Below Secondary	15
Secondary		10	4.4
Higher Secondary		26	11.6
Honors		96	42.7
Masters		74	32.9

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Maternal Occupation	Special Degree	4	1.8
	Housewife	174	77.3
	Service	42	18.7
	Others	9	4.0
Paternal Occupation	Business	102	45.3
	Service	78	34.7
	Others	45	20.0

Measures

Three types of self-report questionnaires were used in this inquiry along with personal information form. These 3 questionnaires are:

1. The Adult Parental (Mother version) Acceptance–Rejection Questionnaire;
2. The Adult Parental (Father version) Acceptance–Rejection Questionnaire;
3. Global Mental Health Questionnaire.

All questionnaire were translated into Bangla and accommodated to Bangla language and culture, each of these questionnaires is discussed elaborately below.

Personal Information Form

A form which subsumes personal, demographic and social information about participants. That also comprises respondents' gender, age, social economic status, educational qualification, educational qualification and occupation of parents, family type.

Questionnaire

The Parental Acceptance-Rejection Questionnaire Adult version (Adult PARQ: Mother & Father).

In 1978, American Psychological Association published the original Parental Acceptance-Rejection Questionnaire. It was revised in 1980,2004 and 2005 (Rohner, 2005). The Adult PARQ (Father and Mother form) consists of 60 items which has four subdisciplines, named Warmth / Affection (Total 20 items), Hostility / Aggression (Total 15 items), Indifference / Neglect (Total 15 items), and Undifferentiated Rejection (Total 10 items). This scale was adapted in Bengali language by Muhammad Kamal Uddin, Sabina Sultana and Umme Habiba jasmine in 2007. The two scales (father and mother form) are quite similar. Examinees are asked how their parents act with them when they were young (7 through 12 years). Respondents must tell their actual feelings about their parent's behavior. PARQ is being used in a total of 30 languages, the Coefficient alphas in researches were .89 (Khaleq and Rohner,2002) and the test-retest reliability is .62 (Khaleq and Rohner,2002).

- **PARQ scoring** - The scoring system of PARQ is Likert-type and very spontaneous. There 4 expounds "Almost always true", 3 means "sometimes true", 2 implies "rarely true" and 1 illustrates "almost never true". By summing of the four subscale's score, it calculates the total score. The reverse score is needed to measure in Warmth subscale for rating lack of affection. In indifference sub scale, seven items need to be scored in reverse (worded positively). Score 60 implies the maximum perceived acceptance, on the contrary score 240 suggests utmost parental rejection. Ideal form of Adult PARQ consists 4 alternative results. 60-120 scores refer "individual parental love", 121-139 suggest "feeling of enchanting but not yet love withdrawal", 140-149 allude that "subjects experience elevated level rejection, but not mote overall rejection than acceptance", 150+ scores indicate significantly more rejection than acceptance.

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Global Mental Health Questionnaire (GHQ-12)

GHQ is a self-administered questionnaire which is used in consulting settings, that generally use to detect diagnosable psychiatric disorder (Goldberg & Hillier, 1979). General Health Questionnaire (GHQ-12) was translated in Bengali language by Ilyas et. al. There is total 12 items in this scale, and it is used extensively to screen the common mental disorders. Among 12 items six items are positive and other six items are negative. Each one item assessing the severity of a mental problem over the past few weeks, it also uses a 4-point Likert-type scale which is ranged from 0 to 3. Gratez proposed, items 1, 3, 4, 7, 8 and 12 refers social Dysfunction, items 2, 5, 6 and 9 refers to Anxiety and Depression and Loss of confidence including items 10 and 11. The score has ranged in number that is 0 to 36. Scoring system for positive items “0” means “always” and “3” means “never”. And for the negative items, “3” refers to “always” and “0” refers “never”. When scores are high that indicates worse health. Here, below 15 considered as typical. Above 15 indicates distress level, and scores above 20 considered as serious problems with psychological distress. That means the cut point of the scale is 20, scores above 20 considered as severe problem with psychological distress.

Procedure

Researcher took permission from each respondent to visit their house and educational institute of Rajshahi city and gather data. The participants were possessed about the goal of the study and the necessary rapport was formed with them. Participants who were fond to take part in this research, questionnaire were distributed to those participants. They were apprised about the information would be kept undisclosed and datum would be used for only for investigation's motive. 40 minutes to 1 hour required for participants to finish the questionnaire. Every contributor was appreciated for their aid to complete the investigation.

Data Processing and Analysis

After assembling data, the prime work is to calculate to see the result. Data from each respondent was coded and entered data analysis software (IBM SPSS version 26).

RESULT

The primary aim of the study was to inspect the effect of parental acceptance -rejection on mental health among the participants. Bangla version of PARQ was conducted to measure parental acceptance and Rejection. Bangla version of GHQ12 scale were administered to measure mental health of the subjects respectively. Gained data were analyzes by applying percentage, mean, standard deviation, Pearson's product moment correlation, Regression analysis through using SPSS version 26. The results of the running study are plotted in following table.

Respondents were firstly classified into four groups on basis of their obtained scores on parental acceptance-rejection scale (group 1, group 2, group 3, group 4). Here, Group 1 refers to parental love (scores ranges from 60 to 120), Group 2 refers to Feelings of increasing rejection but not love withdrawal (scores ranges from 121 to 139), Group 3 refers to high level of rejection but more overall acceptance than rejection (scores ranges from 140 to 149) and last group 4 refers to Rejection (150 to higher). The initial three groups indicate Parental acceptance and last group indicate parental rejection

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Table 2. descriptive statistics of PARQ (mother form)

<i>Scores range (group)</i>	<i>N</i>	<i>Percentage (%)</i>	<i>M</i>	<i>SD</i>
Group 1	183	81.33	95.8798	14.76508
Group 2	23	10.22	129.3478	5.46567
Group 3	6	2.67	145.0000	2.44949
Group 4	13	5.78	161.0769	6.43508
Total	225	100	104.3778	23.15619

From Table 2, the percentages for perceived maternal acceptance (The first three groups) indicates that the participants in this study experienced more maternal acceptance than rejection in childhood. One hundred eighty-three participants (81.33%) got maternal love, twenty- three participants (10.22%) got increasing rejection but not love withdrawal, and six participants (2.67%) undergo with inflated rejection but not completely rejection than acceptance. Only thirteen participants (5.78%) had scored in PARQ (mother version) at or exceeding 150, (M=161.0769, SD=6.43508, N=13) suggesting that they perceived more rejection from mothers than acceptance in childhood. That means most of the participants in this study, have been accepted in childhood by their mother.

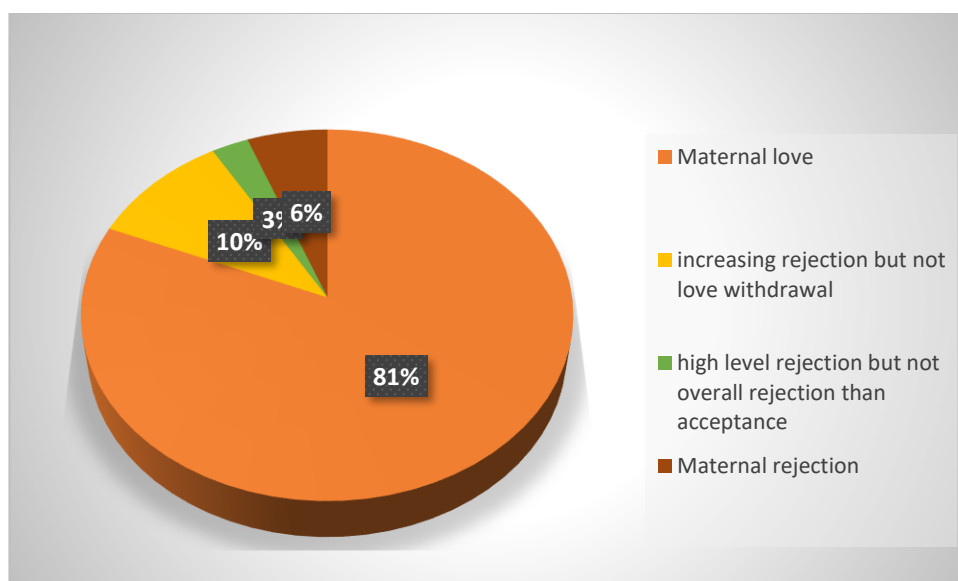


Figure 1: Nature of PARQ (mother version) among the participants

Table 3. descriptive statistics of PARQ (father form)

<i>Scores range (group)</i>	<i>N</i>	<i>Percentage (%)</i>	<i>M</i>	<i>SD</i>
Group 1	160	71.11	94.5688	14.21958
Group 2	41	18.22	130.0244	5.23683
Group 3	11	4.89	142.6364	3.50065
Group 4	13	5.78	160.4615	11.77296
Total	225	100	107.1867	24.33125

Table 3, represents that percentages for perceived paternal acceptance (group 1, group 2 and group 3) in this study is higher than perceived paternal rejection. That indicates participants experienced more paternal acceptance than rejection in childhood. One hundred sixty participants (71.11%) got paternal love, forty-one participants (18.22%) had increasing rejection but not love withdrawal, and eleven participants (4.89%) obtained excessive rejection but that represents not more overall rejection than acceptance. Only thirteen

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respondents (5.78%) had scores of PARQ (father version) at or exceeding 150, (M=160.4615, SD=11.77296, N=13) suggesting that they accessed more paternal rejection in childhood than acceptance. That indicates very few participants got rejected by their father in childhood and most of the participants were accepted by their parents.

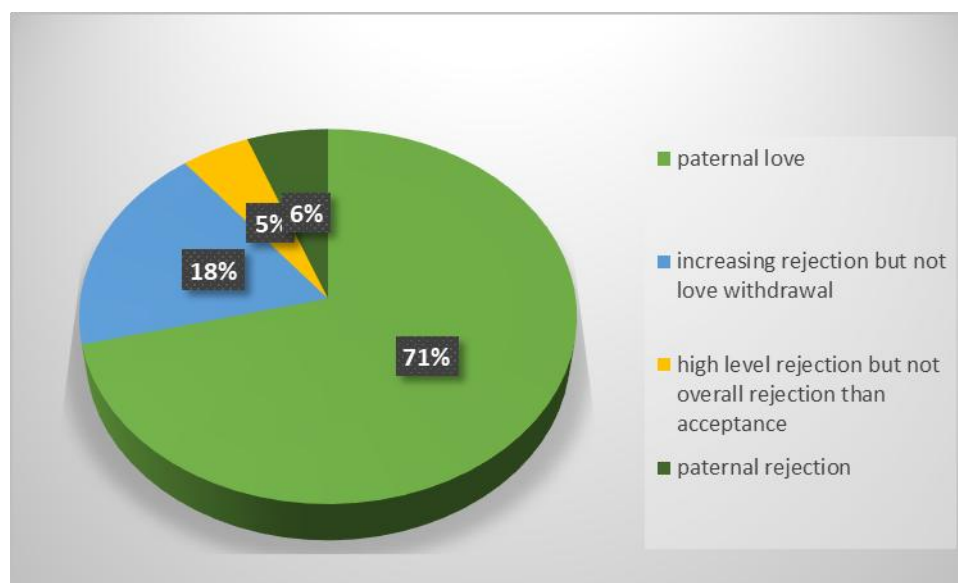


Figure 2: Nature of PAR (father version) among the participants

Another objective was that to investigate the link between parental acceptance-rejection and Mental health among young adults. Mental health has been calculated by General Health Questionnaire-12. Here parental refers both father and mother. To reveal the association between maternal acceptance-rejection and Mental health, all sub-dimension of PARQ-mother form has been correlated with GHQ-12.

Table 4 Correlation Matrix among the Parental Acceptance-Rejection Questionnaire (PARQ) sub-scale (Mother form) scores and General Health Questionnaire-12 (GHQ 12) scores.

PARQ- Mother	1	2	3	4
1.Warmth	1			
2.Hostility	.589**	1		
3.Indifference	.594**	.948**	1	
4.Undifferentiated Rejection	.628**	.861**	.842**	1
GHQ 12	.426**	.498**	.493**	.505**

**** Correlation is significant at the 0.01 level (2-tailed).**

The correlation coefficients of Table 4 revealed that Mother form of Parental Acceptance-Rejection [Warmth ($r=.426$, $p<.01$), Hostility ($r=.498$, $p<.01$), Indifference ($r=.493$, $p<.01$), Undifferentiated Rejection ($r=.505$, $p<.01$)] has been positively and significantly correlated with General Health Questionnaire-12 (GHQ 12). It indicates positive as well as significant relationship between maternal acceptance and mental health, and between maternal rejection and mental health problems.

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To inspect the connection between paternal acceptance-rejection and Mental health among young adults, researcher has got that through the correlation of all sub-dimension of PARQ-Father form and General Health Questionnaire-12 (GHQ 12).

Table 5 Correlation Matrix among the Parental Acceptance-Rejection Questionnaire (PARQ) sub-scale (Father form) scores and General Health Questionnaire-12 (GHQ 12) scores.

<i>PARQ-Father</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1.Warmth	1			
2.Hostility	.819**	1		
3.Indifference	.812**	.970**	1	
4.Undifferentiated Rejection	.519**	.513**	.528**	1
GHQ 12	.492**	.535**	.545**	.319**

**** Correlation is significant at the 0.01 level (2-tailed).**

Table 5 represents that Father form of Parental Acceptance-Rejection [Warmth ($r=.492$, $p<.01$), Hostility ($r=.535$, $p<.01$), Indifference ($r=.545$, $p<.01$), Undifferentiated Rejection ($r=.319$, $p<.01$)] has been positively and significantly correlated with General Health Questionnaire-12 (GHQ 12). It suggests a positive and significant relationship between paternal acceptance and mental health, it also suggest a positive and significant relationship between paternal rejection and mental health problem.

Result of regression analyses of parental acceptance on Mental health are demonstrated in Table 6.

Table 6 Multiple Regression Analysis of parental acceptance-rejection (maternal and paternal) on Mental health

<i>Variables</i>	<i>β</i>	<i>t</i>	<i>p</i>	<i>R²</i>	<i>F</i>
Maternal acceptance-rejection	.262	3.305	.001	.344	58.223**
Paternal acceptance-rejection	.368	4.635	.000		

****p<0.01**

Table 6 specifies maternal acceptance/rejection ($\beta= .262$, $t=3.305$, $p<.05$) as well as paternal acceptance-rejection ($\beta= .368$, $t=4.635$, $p<.05$) were notable forecasters of mental health. The R^2 value suggests that maternal and paternal acceptance/rejection collaboratively interpreted 34.4% variance in mental health. F scores indicates that both predictors are good and fit the model significantly.

DISCUSSION

This chapter of research have been elaborately discussed with the research questions and objectives. The current study was administered to inquire the impact of Parental acceptance and rejection on Mental health among Young Adults of Rajshahi City. Bangla version of PARQ and Bangla version GHQ-12 were used to measure parental acceptance-rejection and mental health of the respondents.

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The first hypothesis of this study was most of the participants in this study have been accepted than rejection in childhood by their parents. The results of Table 2 and 3 indicated that most of the participants are accepted than rejected from their parents. Table 2, suggest that the percentage of maternal rejection (5.78%) is very lower than maternal acceptance [maternal love (81.33%), emotions related to rejection but not yet love withdrawal (10.22%), prominent level of rejection but over-all more acceptance than rejection (2.67%)]. Same things happen in Table 3, participants were more accepted [parental love (71.11%), excess rejection but not yet love withdrawal (18.22%), Inflated of rejection but not more overall rejection than acceptance (4.89%)] than rejected (5.78%) in childhood from their father. Figure 1 and 2 propose that most of the respondents got parental acceptance in childhood, and very few participants were rejected by their parents in childhood.

The findings are supported by previous study. There may be various reasons behind most of the participants were accepted. The first reason may be the samples were collected from Rajshahi city. As because, in cities, most of the parents are educated and have vast knowledge of parenting. For child development, parents' knowledge is a major theme of many efforts to endorse parenting (CDC,2015b.; WHO, 2009). They suggest, parents need a primary understanding of infant and child developmental milestones. And also aware of norms and the parenting practices that flourish children to reach to these milestones (Benasich and Brooks-Gunn, 2008). The parents of the respondents were well educated, and have knowledge about parenting. Another reason may be that, the participants are mostly from single family and they have very few siblings. So, their parents gave full time attention to their child. The parents could fulfil their emotional need as well as physical needs.

The second hypothesis of this research was Perceived Parental acceptance-rejection has impacted on young adult's Mental health. From Table 4, we can see Mother form of Parental Acceptance-Rejection [Warmth ($r=.426$, $p<.01$), Hostility ($r=.498$, $p<.01$), Indifference ($r=.493$, $p<.01$), Undifferentiated Rejection ($r=.505$, $p<.01$)] has been positively and significantly correlated with General Health Questionnaire-12 (GHQ 12). It suggests positive as well as significant relevance between maternal acceptance and mental health, and between maternal rejection and mental health problems. From Table 5, Father form of Parental Acceptance-Rejection [Warmth ($r=.492$, $p<.01$), Hostility ($r=.535$, $p<.01$), Indifference ($r=.545$, $p<.01$), Undifferentiated Rejection ($r=.319$, $p<.01$)] has been positively and significantly correlated with General Health Questionnaire-12 (GHQ 12). It appraises a positive and significant relationship between paternal acceptance and mental health, it also indicates a positive and significant relationship between paternal rejection and mental health problem. From Table 6, maternal acceptance/rejection ($\beta= .262$, $t=3.305$, $p<.05$) along with paternal acceptance-rejection ($\beta= .368$, $t=4.635$, $p<.05$) were eminent forecasters of mental health. The R^2 value suggests that maternal and paternal acceptance/rejection collaboratively interpreted 34.4% variance in mental health. That indicates that parental acceptance-rejection has an impact on mental health.

Limitation of the Study

Only 225 sample may not represent the young adult of Rajshahi city and the questionnaires contain many questions, may be for this reason, many participants could not concentrate well on this. Due to cross-sectional study, it is hard to know about the overall relationship of childhood to youth among the respondents with their parent and this research gives a glimpse about this topic.

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Conflict of Interest

There is no conflict of interest.

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