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Parental Warmth during Childhood Predicts Coping and Well-being in Adulthood

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Abstract

Numerous studies have shown that early life experiences can affect well-being later in life. Additionally, previous literature has emphasized the importance of exploring the role of mediators in developmental research (e.g., coping strategies). The present study used three waves of longitudinal data across 20 years from the National Survey of Midlife Development in the United States (N = 2,088) to examine the link between retrospectively-reported parental warmth and well-being in adulthood by exploring two categories of coping strategies (emotion- and problem-focused) as possible mediators. Three cross-lagged panel models, exhibiting good fit, were conducted in M*plus*. Significant indirect effects were found where both negative and positive affect (Time 2) partially mediated the association between perceived parental warmth (Time 1) and emotion-focused coping (Time 3). Further, evidence for bidirectional effects were shown by the observed significant indirect effects of problem-focused coping (Time 2) partially explaining the association between perceived parental warmth (Time 1) and eudaimonic well-being (Time 3) as well as eudaimonic well-being (Time 2) partially explaining the link between parental warmth (Time 1) and problem-focused coping (Time 3). These findings suggest that it is important to consider early life experiences when examining both well-being and coping during adulthood.

Keywords

parental warmth; emotion-focused coping; problem-focused coping; hedonic well-being; eudaimonic well-being

Early life experiences have lasting effects on the individual and can result in a variety of positive and negative outcomes later in life. For instance, higher parental support early in life has been linked to higher well-being in adulthood (An & Cooney, 2006). The importance of parents early in the life span is paramount as they can facilitate or hinder the development of emotional abilities and overall adaptive functioning in offspring (see Skinner & Zimmer-

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Gembeck, 2016 for a review). Previous research has shown that emotion management develops through interactions with parents across the early part of the life span (e.g., Mirabile, 2014). Individuals who manage their emotions in functional ways also tend to display higher levels of overall adjustment (e.g., De Castella, Goldin, & Jazaieri, 2013). Furthermore, indices of warm and affectionate parenting practices, such as responsiveness and understanding, have been positively associated with well-being (e.g., Zimmermann, Eisemann, & Fleck, 2008). The present study sought to examine the link between retrospective-report of perceived parental warmth in childhood and two distinct conceptions of well-being (i.e., hedonic and eudaimonic) experienced in adulthood. Furthermore, the ways that individuals manage stressful events (i.e., coping) was examined as a potential explanatory mechanism of why perceived parental warmth during childhood would predict well-being across multiple decades.

Hedonic and Eudaimonic Well-being

The general conception of well-being has long been debated. Recently, the field has begun to shift toward the notion of well-being as comprised of two distinct facets: hedonic and eudaimonic well-being. Hedonic well-being is broadly described as the experience of pleasure accompanied by the avoidance of pain as well as the overall evaluation of how good or bad one's life is (Ryan & Deci, 2001). More specifically, hedonic well-being can be operationalized as experiencing more positive affect (PA) and less negative affect (NA; Diener, Suh, Lucas, & Smith, 1999). On the other hand, eudaimonic well-being has been described as achievement toward one's fullest potential and finding meaning in life (Ryan & Deci, 2001; Ryff & Keyes, 1995). Ryff and Keyes (1995) have provided a comprehensive conceptualization of eudaimonic well-being with the Scales of Psychological Well-being which assesses numerous facets of eudaimonic well-being (e.g., autonomy, personal growth). Based on theoretical and empirical distinctions made between the two facets of well-being (e.g., Ryan & Deci, 2001; Ryff & Keyes, 1995), it is important to examine how perceived parental warmth in childhood and coping in adulthood are differentially related to each.

Parental Warmth

A wide range of parenting behaviors and styles have been linked to child development in previous literature. Research examining this association tells a very consistent story: warm, supportive, and responsive parenting behaviors are related to better adjustment and overall well-being from childhood (e.g., Contreras, Kerns, Weimer, Gentzler, & Tomich, 2000) to young adulthood (e.g., Zimmermann et al., 2008). Conversely, harsh, unresponsive, and neglectful parenting generally results in more negative outcomes (e.g., poorer social functioning; Repetti, Taylor, & Seeman, 2002). Previous research further suggests that early childhood experiences have lasting effects on well-being later in life. Specifically, researchers following both the life-course and life-span perspectives argue that development does not cease after adolescence but continues across the entire life span (Baltes, Lindenberger, & Staudinger, 2006; Elder, 1998). Researchers have often focused on the long-term effects that childhood experiences may have on later life development (Baltes et al., 2006). For example, retrospective-report of perceived parental rearing practices from

childhood have been significantly associated with current quality of life in college-aged individuals (Zimmermann et al., 2008) and retrospective report of low parenting quality in childhood has been linked to experiencing more negative emotions and psychopathology in adulthood (Lehman, Taylor, Kiefe, & Seeman, 2009). Additionally, the related literature on parent-child attachment suggests that children who have developed a secure attachment in early childhood (i.e., those who have experienced responsive and warm parenting) tend to experience more PA in adulthood (e.g., Simpson, Collins, Tran, & Haydon, 2007). Thus, there is consistent evidence that early parent-child relationships have long-term effects on well-being later in life.

Coping Strategies

Coping strategies have often been categorized as two distinct ways of managing stressful situations. Problem-focused coping consists of active coping strategies that involve attempts to change the problem or stressor while emotion-focused coping consists of passive coping strategies that involve attempts to address the resulting distress (see Compas, 1987 and Lazarus, 1993). Problem-focused coping includes strategies such as planning ways to address the problem and actively searching for ways to solve the problem at hand. This type of coping focuses on addressing the problem that is causing stress, while emotion-focused coping emphasizes managing the emotions that are being experienced because of the problem. Emotion-focused coping includes strategies such as denying the problem and expressing upset feelings. Generally, problem-focused coping strategies are considered functional, whereas emotion-focused coping strategies are associated with higher levels of dysfunction (e.g., Carver, Scheier, & Weintraub, 1989; Mayordomo-Rodriguez, Melendez-Moral, Viguer-Segui, & Sales-Galan, 2015).

High levels of perceived parental warmth have been related to successfully coping with stressful life events (e.g., Gaylord-Harden, Campbell, & Kesselring, 2010). Specifically, parental warmth and affection have been associated with the use of problem-focused coping strategies in children, while parental negativity has been related to use of more emotion-focused coping strategies (Shell & Roosa, 1991). More warm and open communication between mothers and children has also been associated with more constructive coping in children (Gentzler, Contreras-Grau, Kerns, & Weimer, 2005). In adolescence, warm and supportive parenting has similarly been associated with the use of problem-focused coping strategies (Meesters & Muris, 2004).

Much of the previous empirical work examining the link between coping and well-being has shown concurrent and longitudinal associations in children and adolescents (e.g., Thomsen, Fritz, Mössle, & Greve, 2015) with little work examining longitudinal associations across adulthood. However, previous research has suggested that coping abilities continue to develop during the later periods of the life span (Aldwin, Sutton, & Lachman, 1996). Moreover, the Midlife in the United States study (MIDUS) has played a major role in joining two previously disconnected areas of study (i.e., infancy through adolescence and aging) by emphasizing the study of middle adulthood (Baltes et al., 2006). Following a life-span developmental approach (Baltes et al., 2006), the present study emphasizes the importance of examining the longitudinal associations between coping and well-being

during adulthood by exploring connections among earlier (i.e., parental warmth) and later (i.e., coping and well-being) developmental processes.

Coping Strategies as a Mechanism

While direct effects between parenting styles and well-being have been thoroughly examined across previous literature, the examination of mechanisms that may explain this process are less often explored. Researchers have suggested that coping strategies are potentially an important mediator to examine across the life span (Folkman & Lazarus, 1988). For example, attachment theory (Bowlby, 1973), and related research, provide substantial evidence that coping and emotion regulation may mediate the association between parent-child attachment and broader adjustment indices (e.g., Contreras et al., 2000). Repetti and colleagues' (2002) risky families model outlines how cold and unsupportive parents have children who develop disrupted emotional and regulatory processes in youth, which then contribute to more mental and physical health problems in adulthood. Additional research shows support for the mediating role of healthy coping responses between positive parenting and adjustment in adulthood (e.g., Holahan, Valentiner, & Moos, 1995). Thus, previous research and theory supports the examination of coping as an explanatory mechanism of the link between parenting behaviors and well-being.

Hedonic and Eudaimonic Well-being as Mechanisms

Other theories and research have suggested that hedonic and eudaimonic well-being may also affect the availability or access to personal resources. Early stress and coping research highlights how appraisals of life events determine the emotional reaction, which then can become the target of coping (i.e., emotion-focused coping; Lazarus, 1993). Research examining emotions and coping within situations also provides evidence of emotions influencing the coping process (e.g., Martinent & Nicolas, 2017) and other research has emphasized the importance of examining the reciprocal effects that emotion-focused coping and affect have on one another over time (e.g., Gruszczyńska, 2011). More broadly, the Upward Spiral theory (Fredrickson, 2013), suggests that over time experiences of positive emotions increase the building of personal resources (e.g., coping) that in turn increases the likelihood of experiencing positive emotions in the future. Similarly, downward spirals can occur where negative experiences (e.g., low parental warmth) can lead to negative emotions, which then contribute to ineffective, emotion-focused coping (e.g., behavioral disengagement) that perpetuates the negative emotions (Garland et al., 2010; Repetti et al., 2002). Considering this literature suggests bidirectional effects between facets of well-being and coping, it is essential to also examine well-being as an explanatory mechanism of the link between parental warmth and use of coping strategies.

The Current Study

The positive role of parental warmth on outcomes such as coping abilities and well-being has been well-established in both the childhood and adolescent literatures. However, far less work has examined the potentially lasting effects that parental behaviors may have on

individuals throughout the latter half of the life span. For the present study, we addressed three specific research questions: 1) How retrospectively-reported perceived parental warmth in childhood is related to well-being in adulthood, 2) If coping mediated the association between perceived parental warmth and well-being across adulthood, and 3) If coping and facets of well-being reciprocally influenced one another over time. Specifically, we hypothesized that retrospective-reports of perceived parental warmth would be directly related to facets of well-being (i.e., higher levels of PA and eudaimonic well-being, lower levels of NA) over approximately 20 years. It was further hypothesized that coping strategies were the mechanism through which parental warmth was related to well-being. That is, higher levels of perceived parental warmth during childhood (Time 1) were expected to relate to *less* use of emotion-focused coping (Time 2) and subsequently lead to higher levels of PA and eudaimonic well-being and lower levels of NA (Time 3). Conversely, higher levels of perceived parental warmth during childhood (Time 1) were hypothesized to relate to *more* use of problem-focused coping (Time 2) and in turn lead to higher levels of PA and eudaimonic well-being and lower levels of NA (Time 3). Lastly, because of the bidirectional associations among well-being and coping found in previous research, paths examining PA, NA, and eudaimonic well-being as mediators of the association between parental warmth and emotion- and problem-focused coping were examined. That is, higher levels of parental warmth (Time 1) may be positively related to well-being (Time 2), which then predicts *less* emotion-focused and *more* problem-focused coping (Time 3).

A number of psychosocial characteristics and relationships may also be important to control for in the present study. For example, parental personality characteristics predict various parenting strategies (Belsky, 1984; Bornstein, Hahn, & Haynes, 2011). Moreover, behavioral genetic research shows that the genetic component of personality, that is passed onto biological children from their parents, can influence adults' recollections of their early family environments (Krueger, Markon, & Bouchard, 2003). Taken together, this research suggests it is important to control for personality. Additionally, because depression is inherently associated with experiencing more NA, less PA, and lower well-being (e.g., Van Dam & Earleywine, 2011) as well as the use of more dysfunctional coping and less functional coping strategies (e.g., Crockett et al., 2007) depression was controlled for in our models. Furthermore, to better isolate the effects of warmth (or lack of warmth) from more extreme adverse parenting, we controlled for parental verbal and emotional abuse (Lehman et al., 2009; Repetti et al., 2002). Lastly, because more current relationships (with romantic partners) also contribute to well-being in adulthood (e.g., Selcuk, Gunaydin, Ong, & Almeida, 2016), the effect of partner responsiveness was covaried.

Although previous researchers have examined similar variables as the present study using MIDUS data, this research has been limited in a number of ways. First, no prior research has examined the link between retrospective-reported perceived parental warmth and well-being via coping strategies. Second, prior research on similar topics has not utilized all three available waves of MIDUS data constituting a full longitudinal mediation model. Specifically, prior research with MIDUS data has established the parental warmth to well-being link (e.g., An & Cooney, 2006; Rothrauff, Cooney, & An, 2009) only using data from the first wave of MIDUS and has not examined longitudinal or bidirectional associations with coping. Lastly, researchers using large adult samples other than MIDUS have also

examined the association between parenting behaviors and well-being, but these studies did not examine coping and were limited in other ways (e.g., only women; Huppert, Abbott, Ploubidis, Richards, & Kuh, 2010).

Method

Data

Deidentified data were obtained from the National Survey of Midlife Development in the United States; therefore, IRB approval was not obtained. The MIDUS study's focus was to recruit a sample of adults aged 25-75 to follow longitudinally to better understand the process of midlife development. The first wave, completed in 1995 and 1996, included 7,108 non-institutionalized, English speaking Americans from a national random digit dial subsample (RDD; N = 3,487), metropolitan area oversamples (N = 757), siblings of individuals from the RDD sample (N = 950), and a RDD sample of twin pairs (N = 1,914). All participants consented to the study, completed a 30-minute telephone survey, and were mailed a battery of self-administered questionnaires that took approximately two hours to complete. The second wave (MIDUS II) occurred approximately 10 years later, between 2004 and 2006. About 75% of the original sample (adjusted for mortality) completed a follow-up telephone survey and a mailed battery of questionnaires. A third wave of data (MIDUS III), collected in 2013 and 2014, retained approximately 46% of the original sample from MIDUS I and 66% of the sample from MIDUS II. Interviews were conducted over the phone and participants completed a mailed self-administered battery of questionnaires.

For the present study, participants needed data across all three MIDUS waves to be included in the sample; this resulted in 3,814 participants being excluded for not participating in in all three waves. Additionally, data on demographic and psychosocial covariates (detailed below) and parental warmth in childhood from Time 1, coping strategies from Time 2 and 3, and facets of well-being from Time 2 and 3 were necessary to be retained in the present sample. As a result, an additional 769 participants were excluded for not completing the self-administered questionnaire at any single time point, 105 participants were excluded for missing data on main study variables, and 332 for missing data on covariates. Previous literature suggests that if data are missing at a rate of over 20%, imputation methods should not be used (Little & Rubin, 2002). We had over 20% missing in our data due to the reasons listed above which limited our ability to impute; therefore, list-wise deletion was employed instead. The final sample size was 2,0881.

[1]Attrition analyses revealed that respondents who did not complete all measures necessary to be maintained in the final sample were significantly more likely to be male ($\chi^2 = 5.65$, $p = .02$), from a racial minority group ($\chi^2 = 77.21$, $p < .001$), unmarried ($\chi^2 = 440.98.17$, $p < .001$), less educated ($t = 14.00$, $p < .001$), reported more depressed affect ($t = -4.88$, $p < .001$), more agreeableness ($t = -2.02$, $p = .04$), more neuroticism ($t = -3.07$, $p = .002$) at Time 1, more NA at Time 2 ($t = -7.31$, $p < .001$) and Time 3 ($t = -4.79$, $p < .001$), less PA at Time 2 ($t = 5.48$, $p < .001$) and Time 3 ($t = 3.40$, $p < .001$), less problem-focused coping at Time 2 ($t = 4.19$, $p < .001$), more emotion-focused coping at Time 2 ($t = -7.49$, $p < .001$) and Time 3 ($t = -5.32$, $p < .001$), lower eudaimonic well-being at Time 2 ($t = 9.67$, $p < .001$) and Time 3 ($t = 6.62$, $p < .001$), and higher average spouse/partner support ($t = -2.85$, $p = .004$). See Supplemental Appendix A for more information on missing data and full attrition analyses.

Participants

Approximately half of the sample were female (55.2%) and many had obtained post-secondary education (41.1%). Most participants self-identified as White or European American (94.9%) with a small subsample of African Americans (3%), the remainder reported being from other racial groups (2.6%). The majority of the sample also reported being married (74.2%). Additionally, 30.7% of the sample were part of the twin subsample, 18% were part of the sibling subsample, and 9% were part of the city oversamples. Although previous findings with MIDUS data have shown that siblings differentially report treatment from parents in childhood (Davey, Tucker, Fingerman, & Savla, 2009), we do not believe that this is a problem in the present study. Specifically, we were interested in the individual's perceptions of parental warmth during childhood. Prior research has also shown that parents treat siblings differently (Kowal & Kramer, 1997; Volling & Elins, 1998), so it is expected that differences will be observed within families. Therefore, all sibling and twin pairs with complete data were maintained in the present sample[2].

Measures

Parental warmth in childhood—At Time 1, participants retrospectively reported on perceptions of their parents' warmth and affection during childhood (Rossi, 2001). A single item rated their relationship with their mother/woman who raised them and father/man who raised them on a 5-point scale (1=*Poor* to 5=*Excellent*), respectively. Six other items (e.g., "How much did s/he understand your problems and worries?") were rated on a 4-point scale (1=*Not at all* to 4=*A lot*). A total scale was created by taking the mean of the seven items (the first item was multiplied by .75 to maintain continuity with the other six items) for mothers (α=.91) and fathers (α=.93). Consistent with previous work on parenting (e.g., An & Cooney, 2006; Rothrauff et al., 2009), a composite variable, parental warmth, was created by averaging the means of the maternal and paternal warmth scales (α=.92; *M*=2.92, *SD*=.63). For participants who only reported on one parent, that rating was used.

Coping—At Time 2 and 3, coping abilities were assessed by participants reporting how they generally respond to stressful events on a 4-point scale (1=*Not at all* to 4=*A lot*). The original COPE Inventory (Carver et al., 1989) consists of 60 items that result in 15 four-item subscales. However, a shortened version, consisting of 28 items resulting in seven subscales, was used by MIDUS. Following previous research (e.g., Vassilliere, Holahan, & Holahan, 2016) six of the subscales from the COPE Inventory were used to create problem- and emotion-focused coping scales. Specifically, the subscales of positive reinterpretation and growth (4 items; e.g., I try to grow as a person as a result of the experience), active coping (4 items; e.g., I concentrate my efforts on doing something about it), and planning (4 items; e.g., I make a plan of action) were combined to create a 12-item problem-focused coping scale (α=.90; Time 2 *M*=38.17, *SD*=5.96; Time 3 *M*=37.62, *SD*=6.01). The emotion-

[2]Sensitivity analyses were conducted by randomly dropping siblings/twins from the dataset so there was only one individual per family included in the analysis. This resulted in 498 additional participants being excluded from the analysis. Models were rerun with the reduced sample size and findings were not appreciably different. The size of the direct and indirect effects were slightly reduced in magnitude, but not statistically different. These findings, combined with the fact that it would be acceptable to include siblings in the same study given that they perceive parenting differently (Kowal & Kramer, 1997; Volling & Elins, 1998), bolster our confidence that the findings are not due to twins and siblings being included in the dataset.

focused coping scale (α=.82-.83; Time 2 *M*=21.87, *SD*=5.23; Time 3 *M*=21.42, *SD*=5.49) also consisted of 12 items that were combined from the focus on and venting emotions (4 items; e.g., I get upset and let my emotions out), denial (4 items; e.g., I say to myself "this isn't real"), and behavioral disengagement (4 items; e.g., I admit to myself that I can't deal with it and quit trying) subscales.

Well-being—Hedonic well-being was measured at Time 2 and 3 (Mroczek & Kolarz, 1998). Twelve items assessed participants' PA and NA (six items each) over the last 30 days. Specifically, participants rated how often they experienced different affective states on a 5-point scale (1=*None of the time* to 5=*All of the time*). A mean score was calculated for six PA items (e.g., cheerful; Time 2 *M*=3.46, *SD*=.68; Time 3 *M*=3.44, *SD*=.71) and six NA items (e.g., hopeless; Time 2 *M*=1.47, *SD*=.52; Time 3 *M*=1.45, *SD*=.55) with higher scores indicating greater PA and NA, respectively. Both scales demonstrated high reliability, PA α=.90-.91, NA α=.83-.84. Frequency of mood is considered to better reflect overall well-being rather than affect intensity at a single time point (e.g., Diener et al., 1999).

Eudaimonic well-being was assessed at Time 2 and 3 using a shortened version of Ryff's Scales of Psychological Well-being (Ryff & Keyes, 1995). The five subscales of self-acceptance, autonomy, personal growth, environmental mastery, and purpose in life each contained three items. All five subscales were averaged together to create an index of overall eudaimonic well-being. In line with other researchers (e.g., Selcuk et al., 2016), an additional subscale, positive relations with others, was not included as it overlapped with the main predictor (parental warmth) and covariates (listed below). The aggregated eudaimonic well-being scale showed adequate reliability across Time 2 and 3 of MIDUS (α=.74-.75; Time 2 *M*=16.88, *SD=2.37;* Time 3 *M*=16.68, *SD*=2.35).

Socio-demographic variables—In the present study, bivariate correlations were conducted to examine whether it was statistically, as well as theoretically, appropriate to control for demographic characteristics and psychosocial variables. Basic demographic variables such as age, gender, education level, and marital status reported at Time 1 were controlled for in all primary analyses.

Depressed affect: At Time 1, participants answered yes or no to seven questions about whether they had experienced different states (e.g., "feel more tired out or low on energy than usual") or engaged in different behaviors (e.g., "think a lot about death") for two weeks in the past 12 months when feeling sad, blue, or depressed (Wang, Berglund, & Kessler, 2000). A depressed affect scale was constructed by summing the number of yes responses (α=40).

Personality: At Time 1, participants reported how much 25 adjectives derived from the Big Five Personality traits (Neuroticism, Extraversion, Openness to Experience, Conscientiousness, and Agreeableness) described themselves on a scale of 1 = *A lot* to 4 = *Not at all* (Lachman & Weaver, 1997). In the present study, only the scales for Neuroticism (e.g., moody, worrying; α=76) and Agreeableness (e.g., helpful, warm, caring; α=.81) were used. Items were reverse-coded and a mean score was calculated for each set of items where higher scores indicate higher identification with that personality trait.

Spouse/partner responsiveness: Spouse/partner responsiveness was assessed by three items at Time 1, 2, and 3 (Selcuk et al., 2016). Participants reported how much their spouse/partner is supportive of and responsive to their needs (e.g., "How much does he or she understand the way you feel about things?"). Items were rated on a 4-point scale (1=*Not at all* to 4=*A lot*). To maintain individuals who had a spouse/partner at any time point, spouse/partner responsiveness from all three waves was averaged to create total spouse/partner responsiveness (α=.87). Participants only needed to report on a spouse/partner at one time point to receive a score.

Parental verbal and emotional abuse in childhood: Participants reported verbally and emotionally abusive behaviors experienced during childhood at Time 1 using List A of the Conflict Tactics Inventory (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Specifically, participants reported how often their parents engaged in behaviors such as "insulted you or swore at you" or "did or said something in spite of you." Mother and father verbal/emotional abuse was reported separately then aggregated to create a parental emotional abuse in childhood composite.

Analytical Approach

As the main hypotheses posited that coping strategies would mediate the association between perceived parental warmth and indices of well-being over time, a specific interest was given to the indirect effects examined in each model. Additionally, indirect effects examining well-being facets as mediators of the link between perceived parental warmth in childhood and coping during adulthood were also assessed to determine if a reciprocal association existed between coping strategies and well-being. A cross-lagged panel design utilizing a linear regression approach to model each pathway in a structural equation modeling framework was conducted in version 7.4 of M*plus*. Covariates were regressed onto each variable in the model and constructs that were measured at the same time point were correlated with one another. Indirect effects were calculated net of all other parameters in the model.

Results

Bivariate associations among main variables and covariates are presented in Table 1. Bivariate associations provided support for covarying age, gender[3], marital status, and education level in the present sample. Additionally, all main variables of interest were correlated with one another in the predicted directions.

Primary Analyses

Three separate models were estimated to examine perceived parental warmth's direct and indirect associations with PA, NA, and eudaimonic well-being. Model fit was assessed by examining the root mean square error of approximation (RMSEA; below .08 indicates acceptable fit) accompanied by its associated 90% confidence interval (CI), the comparative

[3]Analyses were also conducted to examine if participant gender moderated the overall models. Findings did not appreciably differ for male and female participants.

fit index (CFI; above .90 indicates acceptable fit) and the Tucker Lewis index (TLI; above . 90 indicates acceptable fit; Little, 2013). Age, gender, marital status, education level, trait neuroticism and agreeableness, depressed affect, perceived parental verbal and emotional abuse during childhood, and spouse/partner responsiveness were covaried within each model.

With NA, the overall model demonstrated good fit, $\chi^2(17)=171.25$, $p<.001$. CFI=.97, TLI=. 85, RMSEA=.07 [90% CI .05, .08]. Retrospective report of parental warmth in childhood was directly related to NA in adulthood such that individuals who perceived less parental warmth in childhood reported higher levels of NA in adulthood at both Time 2 (β=-.07, p=. 001) and Time 3 (β=-.04, p=.03)[4]. See Figure 1. As expected, perceived parental warmth in childhood was significantly related to the use of problem-focused strategies (β=.09, $p<.001$) at Time 2, but counter to hypotheses, there was not a significant association with the use of emotion-focused strategies at Time 2. Although emotion-focused coping at Time 2 was associated with high levels of NA at Time 3 (β=.09, $p<.001$), there was not a significant indirect effect. Likewise, since problem-focused coping at Time 2 was not significantly associated with NA at Time 3, there was thus no significant indirect effect. Negative affect at Time 2 was positively associated with the use of emotion-focused coping strategies at Time 3 (β= 13, $p<.001$). A significant indirect effect of NA at Time 2 on the association between perceived parental warmth (Time 1) and emotion-focused coping at Time 3 was observed (β=-.08, p=.003). That is, participants reporting less perceived parental warmth in childhood (Time 1) scored higher in NA during adulthood (Time 2), which was later associated with greater use of emotion-focused coping strategies (Time 3).

Findings for PA were identical to that of NA, with effects in the opposite direction. The overall model demonstrated good fit, $\chi^2(17)=147.68$, $p<.001$. CFI=98, TLI=88, RMSEA=06 [90% CI .05, .07]. Retrospective report of parental warmth in childhood was directly related to PA in adulthood such that individuals who perceived more parental warmth in childhood reported higher levels of PA in adulthood at both Time 2 (β=.15, $p<.001$) and Time 3 (β=.06, p=.001). See Figure 2. As expected, perceived parental warmth was significantly related to the use of problem-focused strategies at Time 2 (β=.09, $p<.001$), but counter to hypotheses, there was not a significant association with the use of emotion-focused strategies at Time 2. Although emotion-focused coping was associated with lower levels of PA at Time 3 (β=-.04, p=.03), there was not a significant indirect effect. Likewise, since problem-focused coping at Time 2 was not significantly associated with PA at Time 3, there was thus no significant indirect effect. Positive affect at Time 2 was negatively associated with the use of emotion-focused coping strategies at Time 3 (β=-.06, p=.002). A significant indirect effect of PA at Time 2 on the association between perceived parental warmth (Time 1) and emotion-focused coping at Time 3 was observed (β=-.08, p=.006). Specifically, participants reporting greater perceived parental warmth in childhood (Time 1) reported more PA during adulthood (Time 2), which was later related to less use of emotion-focused coping strategies (Time 3).

[4]Separate models for each outcome were estimated for maternal and paternal warmth. However, there were no appreciable differences between the maternal and paternal warmth models.

The findings for eudaimonic well-being were more consistent with hypothesized pathways and showed the best overall model fit, $\chi^2(17)=94.46$, $p<.001$. CFI=99, TLI=94, RMSEA=05 [90% CI .04, .06]. Retrospective report of greater perceived parental warmth in childhood was directly related to greater eudaimonic well-being in adulthood at Time 2 (β=.16, $p<.001$) and Time 3 (β=.06, p<001). See Figure 3. Like the findings for hedonic well-being, perceived parental warmth did not predict emotion-focused coping at Time 2. However, there was a significant indirect effect such that greater perceived parental warmth (Time 1) predicted greater eudaimonic well-being at Time 2, which in turn predicted less use of emotion-focused coping at Time 3 (β=-.20, p<001). Perceived parental warmth also predicted problem-focused coping at Time 2 (β= 09, $p<.001$) resulting in two significant indirect effects. Greater perceived parental warmth (Time 1) predicted greater use of problem-focused coping strategies at Time 2, which was associated with greater eudaimonic well-being at Time 3 (β=.04, p=.001). In addition, greater perceived parental warmth (Time 1) was associated with greater eudaimonic well-being at Time 2, which was associated with greater use of problem-focused coping strategies at Time 3 (β= 16, $p<.001$). Thus, unlike hedonic well-being, bidirectional pathways were found for eudaimonic well-being and the use of problem-focused coping.

Discussion

The current study examined 20-year longitudinal associations between perceived childhood parental warmth, coping strategies, and well-being. Results suggest that perceptions of receiving higher levels of parental warmth in childhood were related to experiencing less NA, more PA, and higher eudaimonic well-being in adulthood. These findings support previous research examining other indices of health and well-being at different stages of the life span (e.g., Holahan et al., 1995; Huppert et al., 2010). However, few studies have examined the association between parenting behaviors and well-being across such a long follow-up. Further, evidence was found for problem-focused coping as an explanatory mechanism to explain why perceived parental warmth is associated with eudaimonic well-being longitudinally. Additional analyses indicated that hedonic well-being in adulthood may better explain the link between adults' perceived parental warmth in childhood and coping in adulthood. While prior research has examined the direct links between parenting behaviors and coping (see Skinner & Zimmer-Gembeck, 2016), as well as coping and well-being (e.g., Mayordomo-Rodriguez et al., 2015), to our knowledge, previous literature has not examined all three variables in the same model longitudinally across any period of the life span.

Parental Warmth in Childhood Predicting Hedonic Well-being in Adulthood

We had hypothesized that parental warmth would predict hedonic well-being (i.e., high PA and low NA) through coping. In support of hypotheses, the direct effects from parental warmth to PA and NA over 20 years were significant in expected directions. This finding replicates prior research with younger populations (e.g., Zimmermann et al., 2008). In addition, as hypothesized, perceived parental warmth in childhood was positively associated with problem-focused coping in adulthood which replicates concurrent associations found in previous work (e.g., Gaylord-Harden et al., 2010; McIntyre & Dusek, 1995).

Yet, other expected associations were not found. Problem-focused coping did not prospectively predict later hedonic well-being. Perceived parental warmth in childhood also was unrelated to emotion-focused coping after psychosocial variables were convaried in the models[5]. Although contrary to hypotheses, parental warmth has been found to be unrelated to emotion-focused coping in other work with college students (e.g., McIntyre & Dusek, 1995). There may be other important variables that better predict emotion-focused coping that are more proximal to Time 2 when coping was assessed, such as current life events/ stressors (Lazarus, 1993) or relationships (Selcuk et al., 2016). Overall, because of the lack of associations among parental warmth and emotion-focused coping, and between problem-focused coping and PA and NA, there was no evidence for indirect effects through coping.

Despite the fact that the indirect effect of warmth through coping at Time 2 could not be examined, emotion-focused coping predicted hedonic well-being. In accordance with previous research (Ben-Zur, 2009; Gruszczyńska, 2011), emotion-focused coping was associated negatively with PA and positively with NA at Time 3. Surprisingly, problem-focused coping was not related to PA or NA. Yet in bivariate correlations, Time 2 problem-focused coping was positively associated with Time 3 PA and negatively associated Time 3 NA. The models accounted for several covariates and previous levels of PA, NA, and emotion-focused coping. It is noteworthy that emotion-focused coping remained a significant predictor of PA and NA whereas problem-focused coping did not, potentially because the use of emotion-focused coping indicates that NA is already present and it may exacerbate instead of lessen people's distress.

We also examined whether hedonic well-being might mediate the path between parental warmth and coping. Of the four indirect effects through affect, two possible longitudinal indirect paths were significant, parental warmth to emotion-focused coping via PA and NA. The results provided evidence that parental warmth predicted emotion-focused coping through PA and NA. Specifically, PA predicted *less* use of emotion-focused coping while NA predicted using *more* emotion-focused coping strategies. Overall, these findings suggest that hedonic well-being may be more important in driving the use of emotion-focused coping than vise-versa. As emotion-focused coping aims at managing emotional experiences as opposed to focusing on the problem causing the emotion, this association is in line with coping theory (Compas, 1987; Lazarus, 1993). Moreover, individuals who are more emotionally reactive, specifically to NA, may be less able to focus on the problem or access emotional skills and resources because they are overwhelmed with their emotions (Lengua & Long, 2002). Conversely, individuals high in perceived parental warmth in childhood who experience more PA in adulthood may be less likely to use emotion-focused coping strategies in adulthood because they have access to other more effective means of coping (Fredrickson, 2013; Garland et al., 2010).

Taken together these findings suggest that, contrary to our hypotheses and other findings (e.g., Folkman & Lazarus, 1988), hedonic well-being seems to be the driving force behind

[5]The expected paths from parental warmth to emotion-focused coping to NA were found in models without the additional covariates of depressed affect, agreeableness, neuroticism, spouse/partner responsiveness, and parental verbal and emotional abuse in childhood. See Supplementary Appendix B for models from an earlier version of the manuscript.

the use of emotion-focused coping. Moreover, these findings show that it may be equally important to examine indices of hedonic well-being as a predictor of later coping, in line with previous research showing that affective states can influence the coping process (Folkman, 1997). Further, perceived parental warmth during childhood was indirectly, but not directly, related to emotion-focused coping during adulthood via PA and NA, underscoring the effect that both early and later life experiences can have on one's ability to manage stress in functional ways.

Parental Warmth in Childhood Predicting Eudaimonic Well-being in Adulthood

Similar to the PA and NA models, we expected that perceived parental warmth in childhood would predict eudaimonic well-being through coping. In line with previous research, parental warmth did positively predict problem-focused coping (Gaylord-Harden et al., 2010; McIntyre & Dusek, 1995) as well as eudaimonic well-being in adulthood (Huppert et al., 2010). Additionally, the hypothesized indirect effect of parental warmth on eudaimonic well-being through problem-focused coping was significant. This finding emphasizes not only the importance of early childhood experiences' long-term effects on well-being, but also the significant role that the use of effective coping plays in this association. Specifically, higher levels of perceived parental warmth in childhood predicted the use of more problem-focused coping strategies during adulthood which in turn lead to higher levels of eudaimonic well-being 20 years later. This finding further suggests that both early and late life experiences shape one's eudaimonic well-being later in life. However, similar to the models predicting hedonic well-being, parental warmth did not significantly predict emotion-focused coping after controlling for psychosocial covariates, indicating there was no path through emotion-focused coping. Overall, the pattern that problem-focused coping predicted eudaimonic but not hedonic well-being is interesting and may reflect that eudaimonic well-being comprises competencies (e.g., mastery and autonomy) that directly depend on effective regulatory skills to manage environmental challenges. Further, although parental warmth has long been recognized as a positive parenting attribute, our findings predicting coping and eudaimonic well-being across 20 years provide another reason to promote these effective behaviors in parents.

We also examined two indirect effects through eudaimonic well-being to determine whether eudaimonic well-being during adulthood may indirectly link perceived parental warmth in childhood to the use of emotion- and problem-focused coping in late adulthood. Although parental warmth was not directly associated with either emotion- or problem-focused coping over 20 years, significant indirect effects through eudaimonic well-being were found for both paths. The significant indirect effect of eudaimonic well-being during adulthood on the link between perceived parental warmth in childhood and emotion-focused coping during adulthood provides further support for the indirect effects observed in the hedonic models discussed above. Moreover, the significant indirect effect of eudaimonic well-being on the association between parental warmth and problem-focused coping suggests that the link between eudaimonic well-being and problem-focused coping is bidirectional in nature.

Limitations and Future Directions

Although the current study provided general support for our hypotheses and has a number of strengths, there are also limitations that should be addressed by future research. First, the MIDUS sample consists of mostly White, married, and well-educated individuals. While we did statistically control for these demographic variables, attrition analyses suggest that our findings should be interpreted in light of missing data as specific individuals (e.g., males, racial minorities) are underrepresented in our sample. Therefore, we cannot be sure that our results would generalize across other populations made up of different demographic characteristics. For instance, previous research suggests that African-American mothers provide fewer supportive responses to their children's negative emotions compared to European-American mothers (Nelson, Leerkes, O'Brien, Calkins, & Marcovitch, 2012). Therefore, it is important for future work to use a more demographically diverse sample. Second, the current study examined the effect of one dimension of parenting style, warmth. It also may be beneficial for future work to specifically examine parental socialization of emotions and coping strategies during childhood in contrast to more general parenting styles (see Zimmer-Gembeck & Locke, 2007 for an example with adolescents). Unfortunately, these data are not available within the MIDUS study. Third, retrospective reports of parenting behaviors from childhood are subject to memory bias (Hardt & Rutter, 2004), so prospective data are needed. Further, behavioral genetic research also suggests that genetic components of personality may affect adult retrospective-reports of parenting behaviors from childhood (Krueger et al., 2003); this limitation could not be fully addressed within the present study's design. Regardless, more extensive and sensitive measures of parental behaviors and the child-perceptions of these behaviors would be optimal in future work. However, relationships with parents may continue to influence coping strategies and experiences of PA and NA throughout adulthood (Arnett, 2008) and could potentially be examined without the need for retrospective reporting from participants. Finally, although we found initial support for bidirectional associations between problem-focused coping and eudaimonic well-being, to truly detect bidirectional effects, many waves of data are needed (Bollen & Curran, 2004). Future work may better be able to assess this potential bidirectional association by collecting data more frequently (e.g., every year).

These findings could have potential implications for prevention and intervention approaches. Specifically, some therapies and intervention approaches emphasize teaching individuals adaptive ways to cope with stress (e.g., cognitive behavioral therapy; Aldao, Jazaieri, Goldin, & Gross, 2014). However, the present study suggests that while targeting coping strategies will likely be helpful, the individual's hedonic and eudaimonic well-being also affects their use of different coping strategies and should be considered as part of the treatment. For example, it may be beneficial to teach individuals how to selectively enter situations or modify the situation prior to the experience of a stressor or NA more generally (Gross, 1998). Although situation selection and modification are considered antecedent-focused emotion regulation strategies, these preemptive strategies would likely work similarly from a stress and coping perspective. Further, the present study's findings extend previous work to show just how far effects from early childhood experiences extend across the life span. Findings provide even more support for the need to ensure young children receive the support and affection necessary for functional development (Lehman et al., 2009;

Repetti et al., 2002; Simpson et al., 2007). Lastly, it may be important for future work to examine more specific coping strategies as well as coping flexibility (Bonanno & Burton, 2013) in commonly experienced stressful situations as this may provide more nuanced information about the way individuals coping with daily life stressors.

In summary, the present study provided support that perceptions of parenting behaviors in childhood can have long-term effects on both well-being and use of coping strategies across adulthood. Specifically, this study has shown the importance of examining different types of coping strategies as mediators of the link between perceived parental warmth and indices of well-being over time. Additionally, examining well-being indices as exploratory mechanisms provided further insight into the complex and intertwined nature of coping and different facets of well-being. Furthermore, bidirectional effects were emphasized as experiences likely affect one another through continuous exchanges across time. Overall, the current findings provide evidence on how impactful parenting can be decades into the future.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

References

Aldao A, Jazaieri H, Goldin PR, Gross JJ. Adaptive and maladaptive emotion regulation strategies: Interactive effects during CBT for social anxiety disorder. Journal of Anxiety Disorders. 2014; 28(4):382–389. DOI: 10.1016/j.janxdis.2014.03.005 [PubMed: 24742755]

Aldwin CM, Sutton KJ, Lachman M. The development of coping resources in adulthood. Journal of Personality. 1996; 64(4):837–871. [PubMed: 8956515]

An JS, Cooney TM. Psychological well-being in mid to late life: The role of generativity development and parent–child relationships across the lifespan. International Journal of Behavioral Development. 2006; 30(5):410–421.

Arnett JJ. Socialization in emerging adulthood: From the family to the wider world, from socialization to self-socialization. In: Grusec JE, Hastings PD, editorsHandbook of Socialization: Theory and Research. 1st. New York: The Guilford Press; 2008. 208–231.

Baltes PB, Lindenberger U, Staudinger U. Life span theory in developmental psychology. Handbook of Child Psychology. 2006:569–664.

Belsky J. The multiple determinants of parenting. Child Development. 1984; 55(1):83–96. [PubMed: 6705636]

Ben-Zur H. Coping styles and affect. International Journal of Stress Management. 2009; 16(2):87–101. DOI: 10.1037/a0015731

Bollen KA, Curran PJ. Autoregressive latent trajectory (ALT) models: A synthesis of two traditions. Sociological Methods & Research. 2004; 32(3):336–383.

Bonanno GA, Burton CL. Regulatory flexibility: An individual differences perspective on coping and emotion regulation. Perspectives on Psychological Science. 2013; 8(6):591–612. DOI: 10.1177/1745691613504116 [PubMed: 26173226]

Bornstein MH, Hahn CS, Haynes OM. Maternal personality, parenting cognitions and parenting practices. Developmental Psychology. 2011; 47(3):658–675. [PubMed: 21443335]

Bowlby J. Attachment and LossLoss: Vol 2 Separation: Anxiety & Anger. New York: Basic Books; 1973.

Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology. 1989; 56(2):267–283. DOI: 10.1037/0022-3514.56.2.267 [PubMed: 2926629]

Compas BE. Coping with stress during childhood and adolescence. Psychological Bulletin. 1987; 101(3):393–403. DOI: 10.1037/0033-2909.101.3.393 [PubMed: 3602247]

Contreras JM, Kerns KA, Weimer BL, Gentzler AL, Tomich PL. Emotion regulation as a mediator of associations between mother-child attachment and peer relationships in middle childhood. Journal of Family Psychology. 2000; 14(1):111–124. [PubMed: 10740686]

Crockett LJ, Iturbide MI, Torres Stone RA, McGinley M, Raffaelli M, Carlo G. Acculturative stress, social support, and coping: Relations to psychological adjustment among Mexican American college students. Cultural Diversity and Ethnic Minority Psychology. 2007; 13(4):347–355. DOI: 10.1037/1099-9809.13.4.347 [PubMed: 17967103]

Davey A, Tucker CJ, Fingerman K, Savla J. Within-family variability in representations of past relationships with parents. Journals of Gerontology. 2009; 64(1):125–136.

De Castella K, Goldin P, Jazaieri H. Beliefs about emotion: Links to emotion regulation, well-being, and psychological distress. Basic and Applied Social Psychology. 2013; 35(6):497–505.

Diener E, Suh EM, Lucas RE, Smith HL. Subjective well-being: Three decades of progress. Psychological Bulletin. 1999; 125(2):276–302.

Elder GH. The life course as developmental theory. Child Development. 1998; 69(1):1–12. [PubMed: 9499552]

Folkman S. Positive psychological states and coping with severe stress. Social Science and Medicine. 1997; 45(8):1207–1221. DOI: 10.1016/S0277-9536(97)00040-3 [PubMed: 9381234]

Folkman S, Lazarus RS. Coping as a mediator of emotion. Journal of Personality and Social Psychology. 1988; 54(3):466–475. DOI: 10.1037/0022-3514.54.3.466 [PubMed: 3361419]

Fredrickson BL. Positive emotions broaden and build. In: Devine P, Plant A, editorsAdvances in Experimental Social Psychology. 1st. Vol. 47. Burlington: Academic Press; 2013. 1–53.

Garland EL, Fredrickson B, Kring AM, Johnson DP, Meyer PS, Penn DL. Upward spirals of positive emotions counter downward spirals of negativity: Insights from the Broaden-and-Build Theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. Clinical Psychology Review. 2010; 30(7):849–864. DOI: 10.1016/j.cpr.2010.03.002.Upward [PubMed: 20363063]

Gaylord-Harden NK, Campbell CL, Kesselring CM. Maternal parenting behaviors and coping in African American children: The influence of gender and stress. Journal of Child and Family Studies. 2010; 19(5):579–587.

Gentzler AL, Contreras-Grau JM, Kerns KA, Weimer BL. Parent–child emotional communication and children's coping in middle childhood. Social Development. 2005; 14(4):591–612. DOI: 10.1111/j.1467-9507.2005.00319.x

Gross JJ. The emerging field of emotion regulation: An integrative review. Review of General Psychology. 1998; 2(3):271–299.

Gruszczyńska E. State affect and emotion-focused coping: Examining correlated change and causality. Anxiety, Stress & Coping. 2011; 26(1):1–17.

Hardt J, Rutter M. Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. Journal of Child Psychology and Psychiatry and Allied Disciplines. 2004; 45(2): 260–273. DOI: 10.1111/j.1469-7610.2004.00218.x

Holahan CJ, Valentiner DP, Moos RH. Parental support, coping strategies, and psychological adjustment: An integrative model with late adolescents. Journal of Youth and Adolescence. 1995; 24(6):633–648.

Huppert FA, Abbott RA, Ploubidis GB, Richards M, Kuh D. Parental practices predict psychological well-being in midlife: Life-course associations among women in the 1946 British birth cohort. Psychological Medicine. 2010; 40(9):1507–1518. [PubMed: 19995477]

Kowal A, Kramer L. Children's understanding of parental differential treatment. Child Development. 1997; 68(1):113–126. DOI: 10.2307/1131929

Krueger RF, Markon KE, Bouchard TJ. The extended genotype: The heritability of personality accounts for the heritability of recalled family environments in twins reared apart. Journal of Personality. 2003; 71(5):809–833. [PubMed: 12932211]

Lachman ME, Weaver SL. The Midlife Development Inventory (MIDI) personality scales: Scale construction and scoring. Waltham, MA: Brandeis University; 1997.

Lazarus RS. Coping theory and research: Past, present, and future. Psychosomatic Medicine. 1993; 55:234–247. https://doi.org/0033-3174/93/5503-0234$03.00/0. [PubMed: 8346332]

Lehman B, Taylor S, Kiefe C, Seeman T. Relationship of early life stress and psychological functioning to blood pressure in the CARDIA study. Health Psychology. 2009; 28(3):338–346. DOI: 10.1037/a0013785.Relationship [PubMed: 19450040]

Lengua LJ, Long AC. The role of emotionality and self-regulation in the appraisal–coping process: Tests of direct and moderating effects. Journal of Applied Developmental Psychology. 2002; 23(4):471–493.

Little TD. Longitudinal structural equation modeling. New York, NY: The Guilford Press; 2013.

Little RJA, Rubin DB. Statistical analysis with missing data. 2nd. New York: John Wiley & Sons; 2002.

Martinent G, Nicolas M. Temporal ordering of affective states and coping within a naturalistic achievement-related demanding situation. International Journal of Stress Management. 2017; 24(S1):29–51. DOI: 10.1037/str0000024

Mayordomo-Rodriguez T, Melendez-Moral JC, Viguer-Segui P, Sales-Galan A. Coping strategies as predictors of well-being in youth adult. Social Indicators Research. 2015; 122(2):479–489. DOI: 10.1007/s11205-014-0689-4

McIntyre JG, Dusek JB. Perceived parental rearing practices and styles of coping. Journal of Youth and Adolescence. 1995; 24(4):499–509. DOI: 10.1007/BF01537194

Meesters C, Muris P. Perceived parental rearing behaviours and coping in young adolescents. Personality and Individual Differences. 2004; 37(3):513–522.

Mirabile SP. Parents' inconsistent emotion socialization and children's socioemotional adjustment. Journal of Applied Developmental Psychology. 2014; 35(5):392–400.

Mroczek DK, Kolarz CM. The effect of age on positive and negative affect: A developmental perspective on happiness. Journal of Personality and Social Psychology. 1998; 75(5):1333–1349. [PubMed: 9866191]

Nelson JA, Leerkes EM, O'Brien M, Calkins SD, Marcovitch S. African American and European American Mothers' Beliefs about Negative Emotions and Emotion Socialization Practices. Parenting: Science and Practice. 2012; 12(1):22–41.

Repetti RL, Taylor SE, Seeman TE. Risky families: Family social environments and the mental and physical health of offspring. Psychological Bulletin. 2002; 128(2):330–366. [PubMed: 11931522]

Rossi AS. Developmental roots of adult social responsibility. In: Rossi AS, editorCaring and doing for others: Social responsibility in the domains of family, work, and community. University of Chicago Press; 2001.

Rothrauff TC, Cooney TM, An JS. Remembered parenting styles and adjustment in middle and late adulthood. Journals of Gerontology. 2009; 64(1):137–146. 3. [PubMed: 19176484]

Ryff CD, Keyes CL. The structure of psychological well-being revisited. Journal of Personality and Social Psychology. 1995; 69(4):719–727. [PubMed: 7473027]

Selcuk E, Gunaydin G, Ong AD, Almeida DM. Does partner responsiveness predict hedonic and eudaimonic well-being? A 10-year longitudinal study. Journal of Marriage and Family. 2016; 75(2):311–325. DOI: 10.1002/nbm.3369.Three

Shell RM, Roosa MW. Family influences on children's coping as a function of parental alcoholism, status Paper presented at the fifty-third annual conference of the. National Council on Family Relations; Denver, CO: Nov, 1991

Simpson JA, Collins WA, Tran S, Haydon KC. Attachment and the experience and expression of emotions in romantic relationships: A developmental perspective. Journal of Personality and Social Psychology. 2007; 92(2):355–367. [PubMed: 17279854]

Skinner EA, Zimmer-Gembeck MJ. Parenting, family stress, developmental cascades, and the differential development of coping. In: Skinner EA, Zimmer-Gembeck MJ, editorsThe Development of Coping. Vol. 58. Springer; 2016. 239–261.

Straus MA, Hamby SL, Boney-McCoy S, Sugarman DB. The revised Conflict Tactics Scales (CTS2). Journal of Family Issues. 1996; 17(3):283–316.

Thomsen T, Fritz V, Mössle R, Greve W. The impact of accommodative coping on well-being in childhood and adolescence: Longitudinal findings. International Journal of Behavioral Development. 2015; 39(5):467–476. DOI: 10.1177/0165025414551762

Van Dam NT, Earleywine M. Validation of the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R): Pragmatic depression assessment in the general population. Psychiatry Research. 2011; 186(1):128–132. [PubMed: 20843557]

Vassilliere CT, Holahan CJ, Holahan CK. Race, perceived discrimination and emotion-focused coping. Journal of Community Psychology. 2016; 44(4):524–530.

Volling BL, Elins JL. Family relationships and children's emotional adjustment as correlates of maternal and paternal differential treatment: A replication with toddler and preschool siblings. Child Development. 1998; 69(6):1640–1656. [PubMed: 9914644]

Wang PS, Berglund P, Kessler R. Recent care of common mental disorders in the United States: Prevalence and conformance with evidence-based recommendations. Journal of General Internal Medicine. 2000; 15:284–292. [PubMed: 10840263]

Zimmer-Gembeck MJ, Locke EM. The socialization of adolescent coping behaviors: Relationships with families and teachers. Journal of Adolescence. 2007; 30(1):1–16. [PubMed: 16837040]

Zimmermann JJ, Eisemann MR, Fleck MP. Is parental rearing an associated factor of quality of life in adulthood? Quality of Life Research. 2008; 17(2):249–255. [PubMed: 18080787]

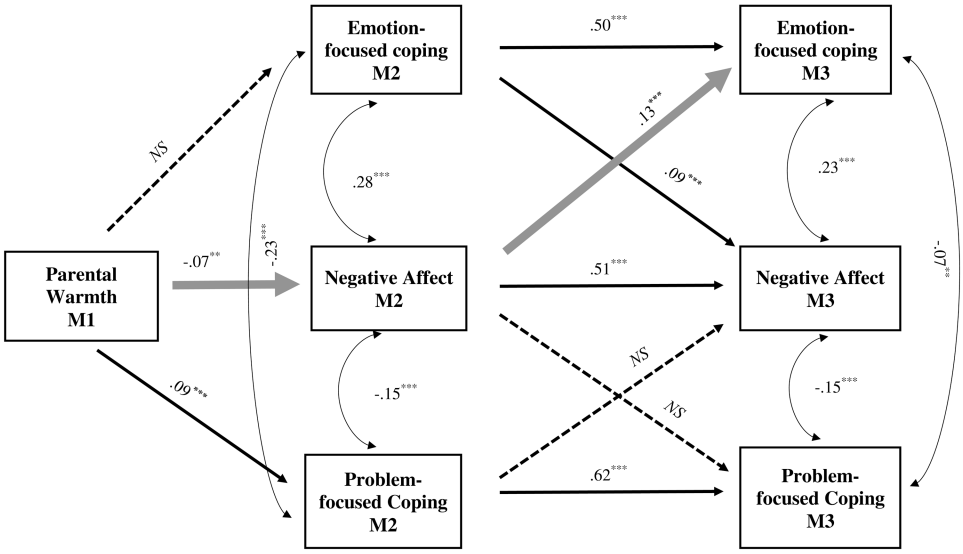

Figure 1.

Cross-lagged Panel Model of Parental Warmth, Coping Strategies, and Negative Affect. Standardized coefficients are reported. Indirect effects are bolded. Covariates (not pictured) were regressed onto each variable. Model fit: χ^2 (17) = 171.25, p < .001. CFI = .97, TLI = .85, RMSEA = .07 [90% CI .05, .08]. Direct effect of parental warmth and NA, β = -.04, p = .028. Direct effect of parental warmth and emotion-focused coping, β = .01, p = .70. Exploratory indirect effect of parental warmth on emotion-focused coping via NA, β = -.08, p = 003.

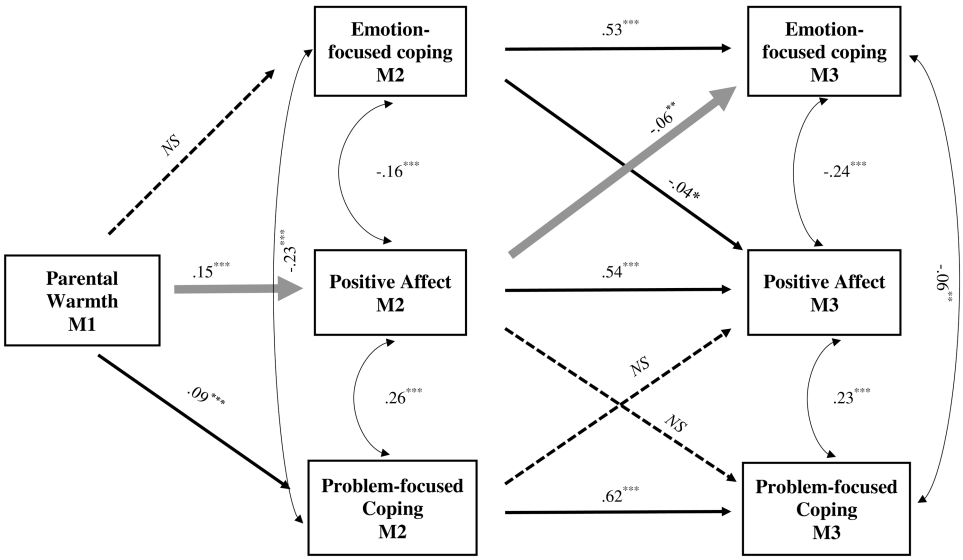

Figure 2.

Cross-lagged Panel Model of Parental Warmth, Coping Strategies, and Positive Affect. Standardized coefficients are reported. Indirect effects are bolded. Covariates (not pictured) were regressed onto each variable. Model fit: $\chi^2(17) = 147.68$, $p < .001$. CFI = .98, TLI = .88, RMSEA = .06 [90% CI .05, .07]. Direct effect of parental warmth and positive affect $\beta = .06$, $p = .001$. Direct effect of parental warmth and emotion-focused coping, $\beta = .003$, $p = .871$. Indirect effect of parental warmth on emotion-focused coping via positive affect, $\beta = -.08$, $p = .006$

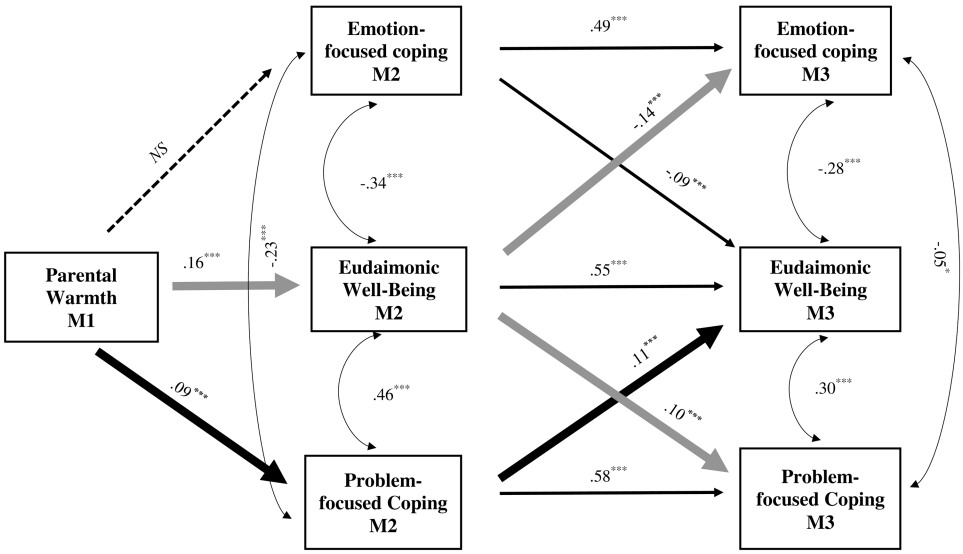

Figure 3.

Cross-lagged Panel Model of Parental Warmth, Coping Strategies, and Eudaimonic Well-Being. Standardized coefficients are reported. Indirect effects are bolded. Covariates (not pictured) were regressed onto each variable. Model fit: $\chi^2(17) = 94.46$, $p < .001$. CFI = .99, TLI = .94, RMSEA = .05 [90% CI .04, .06]. Direct effect of parental warmth and eudaimonic well-being, $\beta = .06$, $p < .001$. Indirect effect of parental warmth on eudaimonic well-being via problem-focused coping, $\beta = .04$, $p = .001$. Direct effect of parental warmth and emotion-focused coping, $\beta = .02$, $p = .254$, and problem-focused coping, $\beta = .01$, $p = .543$. Exploratory indirect effect of parental warmth on emotion-focused coping via eudaimonic well-being, $\beta = -.20$, $p < 001$. Exploratory indirect effect of parental warmth on problem-focused coping via eudaimonic well-being, $\beta = .16$, $p < 001$.

Table 1

Bivariate Correlations among Variables of Interest (N = 2,088)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Age	---																	
2. Gender	-.02	---																
3. Depressed Affect	-.08***	.09***	---															
4. Agreeableness	.11***	.28***	.03	---														
5. Neuroticism	-.15***	.12***	.22***	-.04	---													
6. Spouse/Partner Responsiveness	.01	.01	-.02	.01	-.03	---												
7. Parental Emotional Abuse	-.15**	-.04	-.09***	-.08***	.19***	-.01	---											
8. Parental Warmth	.05*	-.08***	-.13***	.13***	-.16***	.01	-.41***	---										
9. Negative Affect (T2)	-.15***	.10***	.25***	-.03	.41***	.02	.13***	-.17***	---									
10. Positive Affect (T2)	.18***	-.05*	-.20***	.16***	-.36***	.02	-.15***	.23***	-.61***	---								
11. Eudaimonic Well-being (T2)	.13***	.00	-.17***	.23***	-.38***	.02	-.14***	.25***	-.52***	.56***	---							
12. Problem-focused Coping (T2)	.08***	.04	-.06***	.23***	-.23***	.02	-.07***	.14***	-.24***	.35***	.53***	---						
13. Emotion-focused Coping (T2)	.02	.23***	.14***	.02	.37***	-.04	.08***	-.09***	.39***	-.26***	-.41***	-.28***	---					
14. Negative Affect (T3)	-.08***	.05*	.24***	-.03	.40***	-.01	.14***	-.14***	.56***	-.39***	-.39***	-.18***	.31**	---				
15. Positive Affect (T3)	.13**	.01	-.17***	.18***	-.32***	-.01	-.13***	.20***	-.43***	.58***	.44***	.26***	-.20***	-.59***	---			
16. Eudaimonic Well-being (T3)	.04	.03	-.12***	.21***	-.33***	.02	-.11***	.22***	-.41***	.41***	.68***	.45***	-.37***	-.52***	.55***	---		
17. Problem-focused Coping (T3)	.01	.05*	-.06*	.24***	-.18***	.00	-.01	.12***	-.16***	.22***	.42***	.64***	-.23***	-.22***	.31***	.51***	---	
18. Emotion-focused Coping (T3)	.10***	.19***	.12***	.06*	.34***	-.01	.06*	-.07**	.32***	-.18***	-.34***	-.216**	.58***	.38***	-.29***	-.44***	-.21***	---

Note.

*$p < .05$.

**$p < .01$.

***$p < .001$.

T2 = Time 2. T3 = Time 3. Gender coded 1 = male, 2 = female.