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Let´s talk about your childhood! Measures of parental rearing, alcohol use, anxiety and depression in young adults: A cross-cultural study.

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PREFACE

They say that every long journey starts with a first small step. For me, this step was deciding on the theme for this thesis. How does one commit to a research project for the next two years, when there are so many ideas that engage one´s interest?

I have always been interested in parent-child relationships, and this topic became highly relevant as I started working with elementary school children besides my studies. The responsibility that comes with the power position we as adults have, by being in charge with shaping children's potential, is huge and it quickly awoke and captivated my reflective and analytic being. The biggest questions that haunted me were: How do we know that we do our best? Is our best enough? Last, but not least important: What are the future consequences of our repeated daily actions?

Armed with these ideas, I pursued my endeavour to find a mentor for my future research project. To my surprise, I discovered there was a well-known researcher in the parenting field at Tromsø University. Professor Martin Eisemann proved to be a positive, warm and supporting scientist who encouraged my ideas and taught me to dream high. Listening to my thoughts, he came with the suggestion to explore how parenting rearing practices mediate feelings of depression and alcohol consume in college students. As an international student with a different cultural background, I felt that I needed to use this to my advantage by also taking into account variables as cultural settings and family structure, which I believed would make a very interesting approach. This project was conducted independently after initial advice from my supervisor concerning the instruments to be used and insights in the theoretical and methodological parts.

Professor Martin Eisemann,
Supervisor

Lacramioara Busuioc,
Student

Tromsø, 15 Mai 2014

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More than a school project, this paper has been proving to be a personal journey for me; a journey of identity searching and redefining, of discovering and reflecting on who I became as an inhabitant of a globalised world and of both West and East Europe.

Looking back, I am very thankful for getting the opportunity to complete this project. I wish to thank to my supervisor for his support; this project became real in his office. There are many people that have been participating in its realisation, and which merit my gratitude: Georg Elvebakk and Frank Siebler, who shed light on some questions with data analysis, Dorin Nastase and Cristina Bostan which were supportive with the data collection in Romania, Frode Svartdal for support in collecting much of the data at Tromsø University, Tove Dahl and the IPS team for their perseverance and flexibility.

I am also very grateful to my work colleagues and leaders who showed me understanding in the busy exam periods when I would show up at work tired. Not the least I wish to thank some of my close friends which have always been there for me in times of need, as well the other master students in psychology, who all contributed to the fun learning environment we shared. Thank you Vibeke and Aida.

In the end, I wish to dedicate this paper to two special persons in my life. The first one is my own mother, which I know would be proud of me! The other one is my friend that inspired me in picking up this research subject. Thank you for your openness, all our long philosophical discussions, your support and most of all for who you are!

ABSTRACT

There is a vast literature describing the importance of childrearing aspects as vulnerability factors predisposing to depression, anxiety and alcohol use in adulthood. Much of the research in the field uses a variety of methods and theoretical bases, making conclusions difficult to draw. Nevertheless, retrospective studies based on data from adults (either clinical or nonclinical) seem to indicate that a perception of parents as being rejecting and controlling is related to depression, anxiety and alcohol use. However, few studies have investigated the links between parenting rearing styles and alcohol use, trait anxiety and depression from a cross-cultural perspective. The present study is a cross-cultural research that aims to explore the overall findings in the parenting field by taking into consideration cultural variables and gender specific influences in the parent-child relationship. The general results support the hypothesis that parental rejection and protection are related to depression, anxiety and alcohol abuse in young adults. Additionally, the associations between parental practices and depression, anxiety and alcohol use were different for males and females. To validate these results, more cross-cultural research making use of a longitudinal design is needed.

Key words: parental rearing, depression, anxiety, and alcohol use.

ABSTRACT

Det finnes omfattende litteratur som beskriver viktigheten av barneoppdragelses-aspekter som sårbarhetsfaktorer, som disponerer for depresjon, angst og alkoholbruk i voksen alder. Mye av forskningen på området benytter en rekke metoder og teoretiske baser, som gjør det vanskelig å trekke konklusjoner. Likevel, retrospektive studier basert på data fra voksne (enten kliniske eller prekliniske) synes å indikere at et barns oppfatning av foreldre som er avvisende og kontrollerende, er relatert til depresjon, angst og alkoholbruk. Imidlertid har få studier undersøkt sammenhengen mellom foreldres oppdragelsesstiler og alkoholbruk, som utvikler egenskaper som angst og depresjon, i et tverrkulturelt perspektiv. Denne studien er en tverrkulturell forskning, som tar sikte på å utforske de samlede funnene i foreldrerollefeltet, ved å ta hensyn til kulturelle variabler og kjønnsspesifikke påvirkninger i foreldre-barn-forhold. De generelle resultatene støtter hypotesen om at foreldrenes avvisning og kontroll er relatert til depresjon, angst og alkoholmisbruk hos unge voksne. I tillegg, var sammenhenger mellom foreldrepraksis og depresjon, angst og alkoholbruk, forskjellig mellom menn og kvinner. For å validere disse resultatene, er mer tverrkulturell forskning og bruk av en parallell utforming nødvendig.

Stikkord: foreldreoppdragelse, depresjon, angst, og alkoholbruk.

LET'S TALK ABOUT YOUR CHILDHOOD! A CROSS-CULTURAL STUDY.

"Sow a thought, and you reap an act;
Sow an act, and you reap a habit;
Sow a habit, and you reap a character;
Sow a character, and you reap a destiny."

(Ralph Waldo Emerson)

"Let's talk about your childhood!" is a typical cliché one expects to hear during the first visit to a therapist. The therapist´s assumption that parental rearing practices have an impact on child's development with repercussions into adulthood seems almost taken for granted. A patient aware of the lack of empirical agreement in the field might be tempted to challenge this theory.

Yet, the therapist does have a point. Perceived parental practices are directly and indirectly related to the etiology of psychopathology (i.e., "causes of mental disorders"). Major trends in evaluating causes of mental disorders propose the interaction between genetic, cultural and psychosocial factors accountable for a person´s "individual vulnerability" towards such outcomes (Hankin & Abela, 2005). Being in possession of several vulnerability factors might for instance enhance an individual´s reactivity to stressful events and potentially lead to conditions such as anxiety (Ollendick & Hirshfeld-Becker, 2002), depression (Chorpita & Barlow, 1998; C. Perris, 1987) or alcohol abuse (Vrasti & Eisemann, 1994). Within this framework, the quality of parenting in childhood seems to play a central role, being related to a broad range of cognitive, behavioral and social outcomes in children (Cicchetti & Walker, 2001; Dawson et al., 1999; Dawson, Hessl, & Frey, 1994; Glaser, 2000; Kaufman & Charney, 2001; Post & Weiss, 1997) as well as psychopathology in adulthood (Masten et al., 1999; C Perris, 1994; Rolf, Masten, & Cicchetti, 1993).

Up to date evidence advance the possibility that parental rejection universally relates to a broad range of mental health outcomes (Rohner & Britner, 2002). Chances are high that, an individual who has experienced parental rejection during childhood is currently seeking counseling for depression, substance abuse or anxiety disorder (Becoña et al., 2012; Gerlsma, Emmelkamp, & Arrindell, 1990; Rapee, 1997; Rohner & Britner, 2002). However, the patient´s initial inquiry

remains relevant: to what extent is the therapist's assumption valid? This thesis questions the cross-cultural and gender dependent links between particular parental rearing practices and depression, anxiety and alcohol abuse.

Theory of parental rearing

There are different theories as to what constitutes "good parenting", mainly revolving around two essential concepts of childcare: the quality of the affective relationship (i.e., warmth) and the degree of disciplinary control (i.e., control). A brief overview of the most influential theories and empirical findings is reviewed below, followed by a more detailed discussion on differences between theories of parenting styles and parenting rearing practices, as well as the potential links to depression, anxiety and alcohol abuse in adulthood.

What is "good parenting"? According to Baumrind (1966), the key element of good parenting was socializing the child to conform to standard norms while maintaining their sense of personal integrity. In her view, the key aspect of childrearing was "disciplinary control", understood as demanding behavioral compliance in order to integrate the child into the society (D. Baumrind, 1966). Her investigations on preschool children led to her theory of three types of parenting *styles*: authoritative, authoritarian and permissive. The "authoritative" parent is demanding and responsive at the same time, focusing on flexible rules and good communication with their offspring. The "authoritarian" parent, on the other hand, values obedience and favors the use of rigid norms, with little participation from the child and severe punishments for non-compliance. The "permissive" parent is less demanding, allowing the child to regulate his own activities and avoiding the exercise of control (D. Baumrind, 1967, 1971a).

Maccoby and Martin (1983) further divided the permissive parent into two subcategories. In their opinion, classic theories of caregiving focusing on parental responsiveness and affection were equally contributing to the understanding of good parenting as Baumrind´s idea of demandingness.

Unifying these theories, they observed that permissive caregivers engage in two distinct categories of behavior, given the degree of parental affective warmth towards the child: "negligent" and "indulgent". Whereas negligence matches Baumrind´s description of permissiveness, indulgence refers to a caring parent, despite the lack of appropriate boundaries for the child (Maccoby & Martin, 1983).

The four parenting styles that are commonly used in today's research literature are therefore based on both the above theories; combinations of low and high levels of "control" and "warmth" define the "authoritative" (i.e. **high** level of parental control and **high** level of warmth), "authoritarian" (i.e. **high** control, **low** warmth), "indulgent" (i.e. **low** control, **high** warmth), and "neglectful" (i.e. **low** control, **low** warmth) parenting styles (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994).

Classic research in the field has discovered that authoritative parents (i.e., high warmth, high control) obtain the best results in terms of their children's upbringing, a reasonably robust finding when using different methods, measures and samples (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Lamborn et al., 1991; Steinberg, Elmen, & Mounts, 1989; Steinberg, Lamborn, Dornbusch, & Darling, 1992). However, some research suggests that other styles may also be appropriate for obtaining good upbringing outcomes, as for example when considering different cultural settings or in high-risk contexts (Cohen & Rice, 1997; Garcia & Gracia, 2009).

As Darling and Steinberg (1993) argue, an explanation for the lack of consensus on the effects of parenting styles might lie in two issues: one would be the different effects of parenting as a function of the child's cultural background, while the other is the lack of consensus on the exact meaning of parenting style (Darling & Steinberg, 1993). As argued by some, the concept of parental style is complex, so that beyond the two classical dimensions of warmth and control, there are other variables that should be taken into account**,** such as communication (Turrisi, Wiersma, & Hughes, 2000), the encouragement of independence and psychological control (Silk, Morris, Kanaya, &

Steinberg, 2003). Additionally, as Lewis (1981) pointed out, there is a two-way effect of upbringing between children and parents, since not only the parents influence their children, but the character of the children can also facilitate or complicate the type of upbringing style used by the parents (Lewis, 1981).

Parental rearing or parenting style? Taking into consideration the wealth of research done on the topic of parenting, a few words on the concept of parental rearing "practices*"* (or "styles" ?) seem appropriate in order to facilitate their understanding. A thorough examination of the literature revealed the concepts of parenting styles, rearing styles, upbringing styles and family types have all been used, without clear distinction, to refer, at least on a theoretical level, to the same basic idea: the strategies used by parents in the upbringing of their children. To clarify, there seem to be two main perspectives established in the parenting literature: research that is focused on the dimensions of parenting, that is, parenting "practices" and research focusing on types or "styles" of parenting (Darling & Steinberg, 1993; O'Connor, 2002). Parenting rearing "practices" entail warm, supportive, rejecting, overprotective or monitoring behaviors, whereas parenting "styles" refer to the overall set of parental attitudes, goals *and* patterns of interactions of parenting practices.

How does the research field differentiate between them? Parenting style may be understood as a context within which the parenting practices are made more or less effective (Mounts, 2002). Specifically, diverse studies have repeatedly identified two main dimensions of parental rearing *practices*: affective warmth and disciplinary control (Willem A. Arrindell et al., 1986b; Parker & Hadzi-Pavlovic, 1984). The authoritative parenting *style* has been defined as a pattern of parenting combining these two traits, namely by a **high** level of affection and a **high** level of disciplinary control. As cited above, an authoritative parent typically uses a combination of warm, supportive childrearing strategies and a democratic guiding of the child's behavior by explanation and appropriate expectations for conformity. (Maccoby & Martin, 1983) Within this frame of attitudes and values, different parents may use different specific rules and behaviors to reach their goals.

Some authoritative parents might for example exercise control by having a rule of doing homework before free activities, while other might prefer doing them after.

Parenting styles or rearing practices can be evaluated by the use of both self-report and observational methods. Although using both types of measurement would be ideal, very few studies to date have chosen to do so. Parenting style has traditionally been assessed with paper-and-pencil measures that require the respondent (child or adult) to evaluate global patterns of parenting over long or unspecified periods of time (Arrindell et al., 1986b; Holden & Edwards, 1989; Parker, Tupling, & Brown, 1979). For instance, one distinguishes between a self-report item that might assess a warm, supportive parenting *style* ("My parent is affectionate to me"), an item that might evaluate a time-delimited specific warm parenting *behavior* ("Today before school, my parent hugged me") and items measuring warm *perceived parenting practices* as adults recall from their childhood memories ("If things went badly for me, I then felt that my parents tried to comfort and encourage me") (Arrindell et al., 1999).

In summary, parenting styles and parenting practices are related, yet distinct constructs, the former covering a broader outlook on the total experience of parenting; as such, they may play different roles and have different outcomes in children. Also, as the multifaceted notion of parenting styles is yet to be fully clarified, research focusing rather on investigating the consequences of specific parenting rearing *practices* is encouraged in the literature (Darling & Steinberg, 1993; McIntyre & Dusek, 1995). Hence, this paper is concentrating on the less complex notions of parenting rearing practices (PR) as a tool in exploring future associations with mental disorders in young adults.

Parental rearing (PR): aspects of disciplinary control and affective warmth. As mentioned above, the first researchers who independently developed valid quantitative instruments measuring perceptions of parental behavior arrived at two highly similar constructs: "Affection" and "Control". These have been central concepts in several instruments developed since (Gerlsma et

al., 1990; Schaefer, 1965a, 1965b; Siegelman, 1965) and are now generally presumed to be key dimensions in parental rearing behavior (Arrindell et al., 1986b; Blatt, Wein, Chevron, & Quinlan, 1979; Gotlib, Mount, Cordy, & Whiffen, 1988; Parker, 1983b). Each construct takes values on a bipolar parenting dimension, with positive parenting practices (e.g. acceptance, respectively granting of autonomy) at one end of the continuum and negative parenting practices (e.g. rejection respectively psychological control) at the other end.

Specifically, the term "Affection", also referred to as "Care", (Arrindell et al., 1986b; Parker & Hadzi-Pavlovic, 1984) captures two distinctive aspects: "Emotional Warmth" (e.g., acceptance, approval, responsiveness) and on the reverse side "Rejection"; the latter involves behaviors related to hostility (e.g. criticism, punishment, disapproval) and unresponsiveness (e.g., withdrawal, coldness, lack of interest in the activities of the child, or lack of emotional support and reciprocity) (Arrindell et al., 1986b; Schaefer, 1965a, 1965b).

The second dimension, labeled as "Control" (Parker & Hadzi-Pavlovic, 1984) "Overprotection" or "Protection" (Arrindell et al., 1986b), captures, on the one hand, parental practices of intrusiveness (e.g. excessive regulation of children's activities and routines, encouragement of children's dependence on parents, instruction to children on how to think or feel) and in contrast, of autonomy granting (e.g. acknowledgement and encouragement of children's opinions and choices).

For simplicity, the terms warmth, rejection and protection are used throughout the rest of this paper to refer to these factors except where specific studies are described.

Measures of PR. The various rearing constructs, which are related, yet still different, stem from a diversity of instruments. These instruments maybe do not measure strictly the same mechanisms and this can constitute an issue when comparing different studies. Inconsistencies in the definition of the rearing variables might be a problem in the literature when examining, for

example, the "rejection" aspect which is conceptualized both as a "high control-low nurturing" rearing pattern and as "affectionless control" (Heilbrun Jr, Orr, & Harrell, 1966; Parker, 1983b). In a similar way, "Protection"/"Overprotection" is regarded as "a high control-high nurturing" parenting practice, referring to both excessively watchful and intrusive parental behaviors (C Perris, 1994).

Although the notions of protection and rejection are broad and include numerous aspects of parent–child interactions, factor-analytic investigations do suggest that these aspects embody single, higher order constructs that cohere together into a meaningful pattern of behavior. Among the instruments measuring parental rearing practices, three stand out meeting reliability criteria and including similar dimensions (i.e., Warmth/Rejection and Protection). Most recent studies use one of these three instruments measuring retrospective perceptions of parental rearing styles: Children's Report of Parental Behavior Inventory (CRPBI) developed by Schaefer (1965a), the Parental Bonding Instrument (PBI) developed by Parker, Tupling & Brown (1979) and Egna Minnen Beträffande Uppfostran (EMBU) by Perris at al. (1980) (Parker et al., 1979; Carlo Perris, Jacobsson, Linndström, Knorring, & Perris, 1980; Schaefer, 1965a).

The present research makes use of EMBU, an inventory that gives an indication of the degree to which each of one's parents were abusive, depriving, punitive, shaming, rejecting, overprotective, overinvolved, tolerant, affectionate, performance oriented, guilt engendering, stimulating and favored siblings (Perris et al., 1980).

How does PR link to depression, anxiety and alcohol use? Whereas positive PR have been associated with positive outcome in adulthood, negative PR have been associated with undesirable consequences such as anxiety, depression and high alcohol consumption. On the one hand, empirical findings have indicated a relationship between positive parental rearing practices (i.e. parental warmth) and psychological well-being (Shucksmith, Hendry, & Glendinning, 1995), happiness (Furnham & Cheng, 2000) and life quality in adulthood. (Zimmermann, Eisemann, &

Fleck, 2008). Then again, parental warmth seems to be positively correlated with individual protective attributes such as self-acceptance (Richter, Richter, Eisemann, Seering, & Bartsch, 1995), adequate social support and successful coping abilities (Dusek & Danko, 1994; McIntyre & Dusek, 1995). On the other hand, negative parental rearing practices (i.e. rejection and protection) are associated with higher levels of anxiety, depression (Rapee, 1997) problematic alcohol consume (Radtt Vrasti & Eisemann, 1994) as well as other negative life outcomes (C Perris, 1994; C. Perris, Arrindell, & Eisemann, 1994). Further theoretical insights and empirical research on the relationship between PR and depression, anxiety and alcohol abuse are discussed below.

A variety of authors have emphasized the importance of the quality of early experiences with parents in the development of adult depression and anxiety. For instance, psychoanalytic models have long suggested a vulnerability to psychopathology stemming from impaired relations with parents (Blatt et al., 1979). Similarly, Beck's (1967) cognitive model of depression explicitly attributes the development of negative schemata (i.e., beliefs about self and the world) to a critical, disapproving parent. These negative beliefs may influence the way in which individuals process information and perceive everyday events, possibly leading to mental disorders (Aaron T Beck, 1967, 1979). Negative beliefs about self-have indeed been linked to a variety of maladaptive behaviors (Dishion, Patterson, & Reid, 1988), including depressive symptoms (Workman & Beer, 1989) and social anxiety (Leary, 1983).

In line with Beck´s theory of cognitive schemas, Bowlby (1969) described the idea of "internal working models". These would be ideas about self and others that a child develops as a consequence of interactions with the attachment figures and then uses as long-lasting models for future behavior. Warm parental caregiving is assumed to play a primary role in the formation of a "secure attachment". In contrast, both parental rejection and overprotective behavior may result in an experience of unreliability towards the main attachment figures, and ultimately lead to an "anxious attachment" in the child (Ainsworth, 1973; Bowlby, 1969, 1973, 1980). Supporting the

vulnerability assumption linked to dysfunctional parenting, empirical findings have shown that anxious-ambivalently attached adolescents and adults have been reporting higher levels of anxiety, depression and somatic complaints than securely or avoidantly attached persons (Dozier, Stevenson, Lee, & Velligan, 1991; Kobak & Sceery, 1988).

Both Beck´s and Bowlby´s theories stress the importance of the ideas of internal working models, or mental representations of self, others, and one's world. Specifically, they agree that the cognitive beliefs acquired as a result of negative PR may indirectly lead to consequences such as mental disorders. What they do not say much about is how these negative ideas directly affect one´s personality, which in turn feeds undesirable outcomes. Rochner answered this question through his "PARTheory". Further developing Beck´s and Bowlby´s ideas, he proposed that perceived parental rejection is expected to lead to seven personality dispositions: hostility and aggression; dependence; impaired self-esteem; impaired self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. Together, these dispositions reveal significant psychological adjustment (or mental health) problems. Details of the theoretical rationale for expecting these dispositions to emerge in the context of perceived parental rejection are provided in Rohner (1986, 2008) (Rohner, 1986, 2008). There is strong empirical evidence that supports his theory of perceived parental rejection (Rohner & Britner, 2002).

Empirical research on the links between PR and depression and anxiety. In accordance with the dominant theoretical models, most empirical studies have reported a linkage between depression, anxiety and the parenting dimensions of rejection and protection, independently of the applied assessment methods (Gerlsma et al., 1990; Rapee, 1997). Retrospective investigations of clinically depressed participants using CRPBI (Crook, Raskin, & Eliot, 1981) EMBU (Gaszner, Perris, Eisemann, & Perris, 1988) and PBI (Parker, 1979; Plantes, Prusoff, Brennan, & Parker, 1988) have generally found that these individuals remember their parents as being more rejecting and protective than healthy persons. Although differences in the degree of reported parental

practices seem to arise within the different types of depression diagnostics (e.g., bipolar, unipolar, neurotic) (Arrindell et al., 1986a; Parker, 1979), the typical findings with clinical participants have largely been supported by studies of nonclinical population scoring high or low on measures of depression (Gerlsma et al., 1990). Similarly, clinical and nonclinical studies with anxious individuals have revealed high rejecting and overprotective parental scores. (Alonso et al., 2004; Arrindell, Emmelkamp, Monsma, & Brilman, 1983; Ehiobuche, 1988).

Interestingly, when taking into consideration mediating demographic variables such as cultural aspects and the gender of the participants, the empiric findings do not seem to reach an agreement. In a clinical study, Crook, Raskin, and Eliot (1981) (using CRPBI) explored associations between parent-child relationships and depression by including demographic variables like race and gender. Their conclusions suggest that maternal rejection is more closely associated with depression in females than in males. Paternal behaviors did not appear to be differentially linked to depression in males and females unless race was considered. Rejection by father showed a closer association with depression in males among blacks, while among whites it was related to depression in females. The authors propose that possible explanations might lie in the sociocultural and genetic differences between the groups (Crook et al., 1981).

Several other investigations found gender differences in the parent-child relation to depression. To mention some, a study using the PBI instrument for measuring parenting rearing found a more significant "same-sex" effect, both females and males reporting more deviant upbringing practices from mothers, respectively fathers (Parker, 1983a). Gender specific influences were also suggested by Patock-Peckham & Morgan-Lopez, (2009b), who pointed out that having a controlling father might make the child feel overprotected, which then might give rise to lower self-esteem and a consequent increase in depressive symptomatology and alcohol-related problems in males (Patock-Peckham & Morgan-Lopez, 2009b).

Recent research on parenting has begun assessing the issue of culture influences, putting a question mark beside the idea of universal strategies of good parenting. To exemplify, a large-scale clinical investigation on a sample of depressed Chinese women (using PBI) revealed parenting practices similar to Western countries, but did not find the typical association between protection and depression in patients. Quite the reverse, father´s protectiveness itself was linked to a decreased risk for depression (Gao et al., 2012). This might give credit to the theory that the outcome of parenting has to do with the meaning ascribed to it (Diana Baumrind, 1972; Chao, 1994; Dwairy, 2004). Thus, controlling childrearing practices may be valued in some communities as they are associated with caring, love, respect and protection from high risks or dangers. Part of the reason for the success of the restrictiveness in the high risk environments is that parental boundaries are realist responses to the existing risks and can be defended on the basis of reason if the child objects. The same practices in a low-risk environment might seem arbitrary and harsh to the child, as the effectiveness of the well-known argument "other children get to do it" witnesses (Baldwin, Baldwin, & Cole, 1993).

Other limited evidence seems to indicate that rejection may be more strongly associated with depression, whereas control is more specifically associated with anxiety. Parker (1979) have suggested that perceived parental rejection is a more important variable in differentiating depressed and nonclinical individuals than is perceived parental control (Parker, 1979). Also, some theoretical models of anxiety explain that highly controlling parents might deprive their children of experiencing self-efficacy, and thus, increasing their anxiety (Rapee, 2001; Wood, 2006). However, observational investigations in both clinical (Whaley, Pinto, & Sigman, 1999) and community samples (Hudson & Rapee, 2001; Woodruff-Borden, Morrow, Bourland, & Cambron, 2002) have found that anxious mothers were both more withdrawn in interactions with their children (i.e., rejection) and granted them less autonomy (i.e., overprotection), characteristics that generally tended to be the most salient predictors of child anxiety status. Parental rejection is in the literature

hypothesized to put children at an increased risk for developing anxiety problems by undermining children's emotion regulation and thus increasing sensitivity to anxiety (Gottman, Katz, & Hooven, 1997).

There are only a few studies that have directly compared childrearing factors in depressed and anxious individuals. A Norwegian clinical study conducted by Alnaes and Torgersen (1990) compared depressed, anxious, and mixed anxious and depressed participants on their scores on the PBI. Apart from the fact that the mixed diagnostic group scored lower than the other two groups on paternal care (i.e., emotional warmth), their results failed to find any significant differences (Alnaes & Torgersen, 1990). Another Norwegian nonclinical longitudinal study by means of PBI, conducted by Pedersen (1994), found that low paternal care (i.e., high rejection) was the strongest predictor for both anxiety and depression, whereas low maternal care was the strongest indicator of anxiety, depression and delinquency combined (Pedersen, 1994).

Some of the result findings discussed above have been examined by Gerlsma et al. (1990) in an extensive meta-analysis. On the whole, the authors reached two main conclusions. A general finding was that various types of anxiety disorders were related to a perceived parental rearing style of less warmth and more control in participants. Further, distinctions by gender appeared in the case of depression; all the depressed patients identified less emotional warmth from their mother, as compared to non-clinical controls. Differences among various types of depression were found for paternal control, with some depressives indicating more paternal control, while others showing no differences as compared with healthy groups. These inconsistencies were, though, attributed to differences in the depression diagnostic systems applied across continents (Gerlsma et al., 1990).

An overall conclusion when examining the body of work concerning PR seems to support the hypothesis that early childhood experiences are adding to one´s individual vulnerability towards psychopathology; while it is now generally accepted that aspects of parental warmth, rejection and control might determine negative schemata (e.g., self-concepts) and dysfunctional dispositions in

offspring, which in turn might make an individual predisposed to mental disorders as depression and anxiety later in life (Levenson, 1973; Rohner & Britner, 2002; Tiggemann, Winefield, Goldney, & Winefield, 1992; Whisman & Kwon, 1992), the chain of processes that link dysfunctional parenting to an enhanced vulnerability are still largely unclear.

Obviously, the big picture is complex. The vulnerability and risk factors for these disorders are highly interrelated, multifaceted and just partially uncovered (Chorpita & Barlow, 1998). Also, depression and anxiety are broad concepts that stand for a range of different diagnostics. It is far outside the scope of this paper to discuss the distinctions within each disorder and diagnostic or possible interactions. For the sake of example though, take the case of depression; it has become widely accepted that stress, understood as the occurrence of significant life events or the accumulation of minor hassles, plays a causal role in the onset (Kessler, 1997; Paykel, 2003). Moreover, research has revealed that the onset of a major depressive disorder following a severe life event might be much more likely if the individual has a genetic vulnerability (Kendler et al., 1995; Silberg, Rutter, Neale, & Eaves, 2001). Also, meticulous research has established that anxiety and depression share an important genetic similarity that might explain why a number of depressed people also develop an anxiety disorder and vice-versa (i.e., so-called comorbidity) (Eley & Stevenson, 1999). Alcohol abuse, on the other side, is within the present state of knowledge considered to have different specific genetic risks; (Kendler, Prescott, Myers, & Neale, 2003) nonetheless, it often tends to manifest in individuals who also suffer from depression and/or anxiety disorder (Swendsen et al., 1998).

PR, alcohol use and links to depression and anxiety. A significant amount of research addresses the relationship between parental rearing and alcohol use with mediating variables, such as: overprotection, self-esteem, depression, autonomy, and impulsiveness (Petraitis, Flay, Miller, Torpy, & Greiner, 1998). In a recent longitudinal study, Schuckit and Smith (2006) found that three predictors accounted for half of the variance in the development of problematic alcohol use among

men: genetic influences, externalizing symptoms (e.g., personality traits) and internalizing symptoms (e.g., anxiety or depression). One important variable accounting for problematic alcohol use was suggested to be low self-esteem. As a risk factor of depression and anxiety, self-esteem seems to influence alcohol use by playing an intermediate role (M. A. Schuckit & Smith, 2006).

Empirical inquiry on the links between alcohol use and parenting over the last decades has shown associations to a lack of warmth and/or overprotection from both parents (Patock-Peckham & Morgan-Lopez, 2009a, 2009b). In several studies that compared chronic alcoholics and non-alcoholic individuals, the authors found that the former scored higher in rejection and protection and lower in emotional warmth than individuals from the normal population (Dejong, Harteveld, van de Wielen, & van der Staak, 1991; Vaz-Serra, Canavarro, & Ramalheira, 1998). Ruchkin et al. (2002) also suggested that delinquents with family history of alcohol abuse experienced more rejection and less emotional warmth from both parents (Ruchkin, Koposov, Eisemann, & Hägglöf, 2002). Other investigations are adding to evidence supporting these findings (Barnow, Lucht, Hamm, John, & Freyberger, 2004; Barnow, Schuckit, Lucht, John, & Freyberger, 2002).

The focus of new research has been on the impact of the unique gender effects of both mothers and fathers on offspring regarding alcohol-related issues (King & Chassin, 2004; Patock-Peckham & Morgan-Lopez, 2007, 2009a, 2009b). Recently, Patock-Peckham and Morgan-Lopez (2007) proposed that a rejecting father is highly predictive of depression, a well-known predictor of alcohol abuse and related problems for both genders. The authors suggest two distinct pathways of parental influences on alcohol abuse: one through depression (primarily through fathers for both genders) and the other stemming from poor impulse control (with influences primarily from the same-sex parents for both genders) (Patock-Peckham & Morgan-Lopez, 2007).

It is generally agreed that problems related to alcohol use and anxiety or depression tend to occur within the same individual (i.e., comorbidity), although the causes of these associations remain controversial. That is, it appears that people who are suffering from anxiety and/or

depression are more likely to develop a substance disorder and vice versa; anxiety and depression can sometimes be a result of a substance disorder (Grant et al., 2004; Swendsen & Merikangas, 2000). Similar to other mental disorders, the distinct pathways that foster alcohol use (e.g., including cultural, genetic, psychosocial factors) are highly complex and will not be discussed here. Parental rejection and overprotective behaviour might indirectly influence offspring´s alcohol use way into adulthood by adding up to the individual vulnerabilities towards internalising symptoms such as anxiety and depression (C Perris, 1994). Recent reviews on vulnerability factors for alcohol do however place a great importance on several genetic influences (M. Schuckit, 2002).

The Present Research Project

Most of the studies on the relation between PR and alcohol use, depression or anxiety in offspring appear to stress the importance of the parent-children relationship. Although much has been researched on the topic, there actually is a limited empirical basis on which to assess cultural backgrounds under which the same PR practices might differently affect offspring (Baldwin et al., 1993; Chao, 2001; Garcia & Gracia, 2009; Leung, Lau, & Lam, 1998). Similarly, the study of PR represents a currently under researched field with conflicting information regarding the possible unique gender effects within parent-child interactions and related risks for alcohol use, depression or anxiety later in life (Gerlsma et al., 1990; Patock-Peckham & Morgan-Lopez, 2007, 2009a, 2009b).

To address these issues, the present study makes use of three student samples (two studies) to explore cultural and gender differences between the PR practices reported and measures of depression, anxiety and alcohol use. Specifically, four validated instruments have been applied to two Norwegian and one Romanian sample of young adults. A college population deems appropriate for the purpose of this study as several studies do report high levels of depression, anxiety and alcohol use among college students (Blanco et al., 2008; Zivin, Eisenberg, Gollust, & Golberstein, 2009).

Moreover, by statistically comparing PR measures within two virtually contrasting cultures, important cultural differences that otherwise are hidden in mono-cultural research might contribute to better understand possible links to depression, anxiety and alcohol use. Greater social connectedness and support in more traditional cultures, and greater access to resources and opportunities in industrialized societies are examples of mechanisms that may alter outcomes across cultures. Romanians belong to an Eastern European tradition of thought and have to deal with an average socio-economic status that is significantly different from the Norwegian one. These differences are useful, framing an attractive context for exploring the research variables. Before stating the specific aims of this study, a brief cultural overview is required in order to fully grasp some major cultural aspects that might be of particular importance.

A few words on relevant cultural aspects in Romania versus Norway. Positioned at "the gate of Europe", Romania is a former communist country with an emerging young democracy. Conservative cultural values such as social order, respect for tradition, honoring parents and elders and a focus on hierarchy were reinforced in its spinal cord through the four decades of a totalitarian political regime. Although the change towards capitalism (i.e., that started roughly two decades ago) has brought about a variety of transformations typical for a consumerist and a more liberal lifestyle, it may take time to really integrate new cultural values (Schwartz & Bardi, 1997). Thus, from a parenting point of view, it is reasonable to assume that young adults who now are in their twenties or older (i.e., as the participants in the present study) have indeed been raised in a traditional authoritarian style before reaching adulthood.

Whereas authoritarian cultures may place obedience as a central value in their children´s education, some theorists have viewed autonomy as a value specific to Western cultures (Markus & Kitayama, 1991). So is the case of Norway, a Nordic culture that encourages Western authoritative values such as individual autonomy and egalitarian principles such as freedom, honesty, responsibility, social justice and peace (Schwartz & Bardi, 1997).

As mentioned elsewhere, most of the parenting research literature that has been conducted in Western countries supports the view that the authoritative style of parenting (i.e., high warmth, high control) gives the best outcomes in these cultures. However, as for other authoritarian cultures, PR in Romania might be different both in essence and effect compared to an authoritative culture like Norway. Out of the two broad aspects of parenting, warmth and protection, one may contemplate on the basis of other cross-cultural research that Romanians might differ on the protection dimension; that is, Romanian parents might be inclined to support rather high controlling parenting behaviors, specifically more protective and less autonomy granting than a Western society may traditionally endorse. Hence, this analysis hypothesizes that Romanian students will report higher levels of protective parenting practices in comparison to the Norwegian ones. However, this does not necessary lay the premises of negative outcomes in children, as some cross-cultural parenting research mentioned suggests (Chao, 1994; Gao et al., 2012; Leung et al., 1998).

Actually, there is little empirical research in Romania on the topic of parental rearing practices among the normal population, and particularly so in relation to adult mental disorder problems. The few studies conducted on psychiatrics inpatients by the means of EMBU indicated the typical high rejection scores from both mothers and fathers for alcoholic patients (Radu Vrasti, Eisemann, & Bucur, 1993) and depressed patients (C. Perris, Eisemann, Lindgren, Richter, & Vrasti, 1990).

Also, cultural differences seem to emerge when considering other aspects of interest in this research. A fairly recent review on binge drinking (i.e., heavy episodic drinking) patterns in Europe discloses some interesting trends; "it seems that binge drinking is less likely in countries in which alcohol is integrated into everyday life (South Europe) compared to countries where heavy drinking in weekends is more culturally accepted (North and West Europe)". "Hence, Romanian and Norwegian teenagers were found to be at opposite poles of average drinking consumption on the last drinking occasion, Romanians being on the bottom of the list" (Kuntsche, Rehm, & Gmel,

2004). However, most studies show that the prevalence of bingeing is highest among adolescents and young adults on a general basis, with a gender difference being reported in favor of men, which seem to engage in more drinking episodes than women do (Kuntsche et al., 2004). Therefore, one would expect to find higher alcohol consume levels among Norwegian students than among their Romanian peers.

There are, to the author's knowledge, no studies that explored differences in the prevalence of depression and anxiety levels between Romanian and Norwegian college students, let alone possible links to perceived PR practices. Although the Nordic countries generally report high levels of psychopathology (Kringlen, Torgersen, & Cramer, 2001), depressive symptoms are more prevalent among university students from less wealthy backgrounds in East European countries than among their Western peers, Romanians being no exception to the rule (Mikolajczyk et al., 2008; Steptoe, Tsuda, & Tanaka, 2007). Also, except for alcohol use, women have an approximately double probability as compared to men to be affected of depression and anxiety in the general population (Wittchen & Jacobi, 2005).

These demographic characteristics frame a relevant context for exploring the relationships between PR and the mental health of Romanian and Norwegian college students.

Specific aims. Considering all the above, the goal of the present research is to:

- First, elucidate whether the students in these two countries perceive different parenting rearing patterns as compared with their peers;
- Second, compare the Norwegian and Romanian scores on measures of depression, trait anxiety and alcohol use and explore possible links with the reported PR;
- Also, tentatively investigate and discuss possible gender differences in an additional Norwegian sample.

Two studies have been designed to answer these research questions. Study one compared PR scores, as well as links to depression, anxiety and alcohol consume levels between Romanian and Norwegian students. Study two examined the same research variables from a gender perspective in a second sample of Norwegian students.

Methodological considerations

Participants and procedure. University students over 18 years of age from Romania and Norway were invited to participate in this cross-cultural research. In both countries, the data were collected by means of pen and paper questionnaires and merged into a pooled dataset (study 1). On the grounds of uneven distribution of gender in the first dataset, an Internet survey was used to gather additional data from a second Norwegian sample (study 2). The pen and paper data was then used to explore PR cross-culturally, while data from the Internet survey was analyzed to explore gender differences in the study variables.

Procedure Study 1. Two convenience samples of psychology students completed pen and paper versions of four validated scales and a short demographic questionnaire. The respondents were psychology students from two universities: Al. I. Cuza University situated in Iasi, Romania and Uit The Arctic University of Norway, situated in Tromsø, Norway.

The first data was collected at the beginning of the semester and academic school year 2013 in Romania; paper questionnaires were completed by a total of 236 participants, 187 females and 47 males (two failed to report gender). Next, one more data collection was done in Norway by applying pen and paper questionnaires at the beginning of the winter semester of 2014; it resulted in a total of 223 participants, 178 females and 45 males. When merged together and after a preliminary screening, a total of 340 females and 82 males (N = 424) Romanian (50.2%) and Norwegian 49.8% students were included in the sample, 90.3 % in the 18-35 year-old age group, 7.5% between 36 and 45 and 0.7% over 45 years old.

In both cases, the instruments were administered during lectures and seminars by the author of this paper. After obtaining informed consent and completing demographic information, the AUDIT, EMBU, BDI and PSQ were administered in counterbalanced order. For roughly half, the order was AUDIT, EMBU, BDI and PSQ; the order of BDI and EMBU was reversed for the rest. The participants were asked to pay particular attention to the instructions for each instrument and to respond honestly and openly. The Romanian participants completed the questionnaires in small groups while the Norwegians did so in one large batch. The administration lasted about 30 minutes. The Romanian participants were psychology students of different graduate level. The Norwegian data was gathered exclusively from first year psychology students. All subjects received course credit for their participation.

Procedure Study 2. The Internet survey was distributed to Norwegian students belonging a range of several scientific and arts faculties *except* psychology; it had a total of 545 respondents, 322 females (59.1%) and 223 males (40.1%); the dropout rate was of 9%. This last data was gathered to make possible a comparison of the study variables between genders, as there were a predominance of female participants in the pen and paper study. The time of application was one month after the beginning of the spring semester of 2014; 91.2% of the sample was in the 18-35 year-old age group, 7.2% between 36 and 45 and 1.7% over 45 years old. Only 508 people (93.2%) reported Norwegian nationality. In this case, the inventories were applied in the order that ensured the least bias resulting from the depression scale (BDI) on parenting scale (EMBU), as following: a demographic questionnaire, AUDIT, EMBU, BDI and PSQ. Although the sample is not representative of young adults in general, it well represents university students (from faculties of arts and science) in Norway.

Ethical considerations. Participation was voluntary and anonymous; all the students who were interested in being a part of the study signed an informed consent before answering the questionnaires (on paper or electronically). A short clarification of the rationale for the study and

the methods used were provided before applying the questionnaires. The researcher was available for answering participant's questions before, meanwhile and after the completion of the tests. A short debrief was included in the Internet survey, and the participants were encouraged to ask any further questions by email. Several participants emailed the author asking for clarifications.

All the participants were given the possibility to enroll in a lottery (the Internet survey participants included) with the prize of an iPad. Those who chose to join the lottery wrote their email address on separate lists or sent an empty email with the subject "ipad" to an email address specially designated to this scope. When completing the questionnaires, the respondents were instructed to create an anonymous identification code (letters and numbers) to remember in case of winning. A researcher at the Uit Norway Arctic University who was blind to the email lists conducted the lottery drawing. A letter corresponding to a list and a number corresponding to a person on the list decided the winner.

Instruments: EMBU; AUDIT; BDI; PSQ

Own memory of rearing practices (EMBU). To measure student´s perceived rearing practices of their parents, EMBU self-report questionnaire was used; EMBU is a Swedish acronym for Egna Minnen Beträffande Uppfostran (i.e. "My memories of upbringing"); it is an instrument that has been adapted for use in over 25 countries, as part of a large on-going cross-cultural project on psychopathology and parental rearing styles. From the data analyzed to date (Arfundell et al., 1988; Arrindell et al., 1986b; Arrindell et al., 1986a), it has been found that the three factors "Rejection", "Emotional Warmth" and "Protection", appear to possess the qualities of cross-national constancy when ratings of non-patient samples from several countries are studied (Gerlsma et al., 1990).

The instrument requires adult respondents to report perceptions of their parents as they best remember, giving separate answers for mother and father. The short version of the questionnaire

used in this study consists of 23 statements wherein the degree of agreement can be indicated using a Likert scale (i.e. scored 1-4). One group of statements is connected with emotional warmth (e.g "My parents praised me"), others with rejection (e.g. "My parents treated me in such a way that I felt ashamed") and control or over-protection (e.g. "I felt that my parents interfered with everything I did ") Scores for the six factors (three main factors, values for mother and father separately) were obtained by summing the subsequent scale scores. These scores were used in the analyses. Romanian and Norwegian back translated and cultural adapted versions of this inventory were available from previous cross-cultural research conducted under the patronage of World Health Organization (Radu Vrasti, Eisemann, & Bucur, 1993). In study one, satisfactory internal consistency coefficients we obtained for all factors; Cronbach α for paternal warmth was .86 and for maternal warmth .87, for emotional rejection it was 0.84 for fathers and 0.83 for mothers, and for overprotection it was .76 and .73, respectively. In study two Cronbach α were varied between .76 and .90 for all factors.

Beck Depression Inventory–II (BDI–II). The BDI–II is a 21-item self-report measure that assesses trait depressive symptomatology. Subjects rate whether they have experienced a variety of symptoms during the past two weeks. Each item is rated on a 0–3 scale with total summary scores ranging between 0 and 63. The BDI–II has been found to demonstrate high internal consistency (α = .93 among college students, α = .92 among outpatients) and is commonly used among student participants (A. T. Beck, Steer, & Brown, 1996); Adequate validity has been demonstrated. (A. T. Beck et al., 1996; Dozois, Dobson, & Ahnberg, 1998). The translation of this scale into Romanian followed established guidelines, including appropriate use of independent back translations (Sartorius & Kuyken, 1994). The translation to Romanian made by a native speaker (the author) was followed by a discussion of the translated questionnaires and an independent back translation. The obtained versions were compared with their originals and inconsistencies were corrected

(Sartorius & Kuyken, 1994). In both studies an adequate internal consistency for the instrument was obtained (Cronbach $\alpha = .89$ and $\alpha = .91$, respectively).

Perceived Stress Questionnaire (PSQ). PSQ was developed to measure psychosomatic phenomena associated with anxiety in normal populations, as a consequence of clinical experience. Clinicians have repeatedly been facing the difficulty that patients attempting to explain their diseases are more likely to say, "I've been under a lot of stress", than, "I've been a nervous wreck lately". Thus the very people who deny anxiety may be the ones most susceptible (Levenstein et al., 1993).

Respondents rate whether they have experienced a variety of symptoms during the past two weeks. The PSQ includes such items as "You feel tense" or "You have many worries" and is strongly associated with Trait Anxiety. The correlation between PSQ and trait anxiety ($r = .75$, $p < .01$) indicates that PSQ is largely a measure of anxiety; in fact, it is according to the authors high enough to suggest that the two measures are roughly interchangeable, especially in normal populations (Levenstein et al., 1993). However, PSQ also taps into different dimensions of experience, as it also correlates with depression and self-related stress ($r = .56$, $p < .05$). Out of the seven factors ("harassment", "overload", "irritability", "lack of joy", "fatigue", "worries", and "tension"), four are associated with trait anxiety ($p < .01$) ("overload", "irritability", "lack of joy" and "tension"); the other three factors are associated with stress measures ($p < .05$) ("fatigue" "irritability" and "worries"). The total score is calculated by a formula including all factors (Levenstein et al., 1993).

Two reasons make this instrument recommendable for the purposes of the present study: the first is it´s applicability in normal population; also, it is designed to control for gender bias, as women are likely to report more anxiety then men. The items in this inventory are carefully worded to be "gender-neutral". For example, when making the scale, men were more likely to admit to

being "irritable or grouchy" than to being "nervous"; "I am calm" showed more male/female difference than "I feel calm"; men may not easily report feeling upset, but they are even less likely to admit to losing the appearance of being in control (Levenstein et al., 1993).

The translation of this scale into Romanian followed established guidelines, including appropriate use of independent back translations. The translation to Romanian made by a native speaker (the author) was followed by a discussion of the translated questionnaires and an independent back translation (Sartorius & Kuyken, 1994). In both studies an adequate internal consistency for the instrument was obtained (Cronbach $\alpha = .92$ and $\alpha = .94$, respectively).

The Alcohol Use Disorders Identification Test (AUDIT). The World Health Organization (WHO) developed AUDIT as a simple method of screening for excessive drinking. It is an easy ten-item alcohol use identification test, in which a score of eight or above identifies heavy drinkers with a sensitivity of 50–90%, and a specificity of about 80%. This inventory is an international screening test that has been found to provide an accurate measure of risk across gender, age, and cultures (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The AUDIT has reasonable psychometric properties in sample of college students, making it fit for the present study (Kokotailo et al., 2004). In both studies an adequate internal consistency for the instrument was obtained (Cronbach $\alpha = .84$ and $\alpha = .80$, respectively). Romanian and Norwegian back translated and cultural adapted versions of this inventory were available from previous research conducted under the patronage of World Health Organization (Üstün et al., 1997).

Study One

Preliminary analysis.

Missing data and outliers. On the grounds of similar study design, pen and paper data from Norwegian and Romanian students were pooled. Prior to other analyses a preliminary data screening was conducted. Out of the initial sample of total participants (*N=459*), 36 participants (19

women, 17 men) were excluded due to missing data on one of their parents (e.g. due to divorce, separation or decease). A simple exploratory analysis of the rest of the data revealed six cases with extreme scores on depression (i.e., three Norwegian, three Romanian); two of these cases (one Romanian, one Norwegian) were identified as inconsistent responses and removed. The other four were found to have extreme scores on several of the study variables and were temporarily omitted. All the analyses were conducted with and without these outliers. As results were slightly dissimilar mostly in the Romanian sample when outliers were present, they were ultimately removed (e.g. transformation of these outliers proved daunting given several variables involved).

The final sample included 209 Romanian students (168 women, 39 men) and 208 (165 women, 43 men) Norwegian students. The Romanian sample was predominantly female (81.3%), with an age between 18-35 years old (96 %). The Norwegian participants were also predominately females (79.9%), with an age between 18-25 years old (96 %). For the missing data it was performed a Little´s Missing completely at random test, which proved to be significant $X2$ (3289) = 4698.216, $p < .001$. Missing values were under 1.9%, excepting question 15 in the parenting inventory, which requested an answer from those who had siblings only. A short pre questionnaire (i.e. related to EMBU) on family history had several missing values in the Romanian sample due to the option of open answers. Its purpose was exploratory only (i.e., not as a part of the study variables); however, answer options with tick-boxes were adopted in the Norwegian form. Exploring the pattern of the other missing values, few specific individual participants were identified to "jump over" questions at page break or in correspondence with question 15 from EMBU. On the grounds of the pattern of missing data and it´s corresponding small values, the listwise respectively pairwise deletion option was chosen when advantageous (Warner, 2008).

Statistical assumptions. Histograms and box plots indicated that scores on the Protection, Alcohol use and Anxiety variables were approximately normally distributed within each group (the latter just in the Norwegian sample); the shape of the distribution of the other variables were nearly

normal, showing both positive and negative values of skewness and kurtosis. This was expected, as the likelihood of not being depressed, having a less rejecting parent or one showing high emotional warmth is higher than not in the normal population. Levene´s tests for homogeneity of variance also showed unequal variances for these variables. Therefore, data transformations were applied to the outcome variables (depression, both for Romanian and Norwegian students; anxiety just in the Romanian sample) by using square root and reciprocal transformations, respectively (Warner, 2008). However, the residuals plots suggested the untransformed anxiety variable as a much better fit for both countries. Bearing in mind that with large sample sizes it is easy to get significant results on assumption tests and relying on the central limit theorem, (Field, 2013), the untransformed variable was used in the regressions with the payoff of lost generalizability of the results. Considering all this and to control for false positive results, small alpha levels were used ($\alpha = .01$) for all significance tests. The nonparametric equivalents of the *t* tests (i.e. Mann-Whitney tests) and correlation tests (i.e. Spearman´s correlation test) were performed in addition to their parametric counterparts with similar results. A brief output of Mann-Whitney tests is annexed to this paper.

Results

Statistical methods. SPSS for MacBook Version 22.0 program was used in the calculations. The analysis begins with an examination of the descriptive statistics for both the dependent and independent variables. Student's *t* tests were calculated to test significance for differences in the study variables between countries. Next, correlation coefficients were calculated to test bivariate relationships between variables. The primary focus of the analyses was detecting the association between parental variables and depressive symptomatology, trait anxiety and alcohol use by using multiple regression analysis. Due to expected country differences in the role of parental variables as discussed elsewhere, regression analyses were conducted separately for Romanians and Norwegians.

Parenting rearing practices and levels of depression, anxiety and alcohol use in the Romanian and Norwegian sample of students. An independent samples *t* test was performed to assess whether there was a country difference in the mean scores of the study variables. Table1 provides detailed descriptive statistics for the samples by country. Country differences in depressive symptoms were not significant given ($p < .01$), whereas in anxiety and alcohol use, they were ($p < .001$). As it was expected, the parental variables were significantly different between the groups ($p < .001$); compared with Norwegians, Romanians reported more protection, rejection ($p < .001$) and emotional warmth ($p < .01$) from both fathers and mothers.

Table 1 Descriptive statistics for parental variables and trait-anxiety, depression and alcohol use by country

	Romanians mean (SD)	Norwegians mean (SD)	*t* value *df(415)*
Depression (BDI)	7.01 (5.3)	8.22 (7.02)	*t* = -1.98
Trait anxiety (PSQ)	.4 (.13)	.34 (.15)	*t* = 4.83***
Alcohol use (AUDIT)	3.72 (4.25)	7.55 (3.75)	*t* = -9.75***
Protection father	19.9 (4.37)	17.05 (4.43)	*t* = 6.64***
Protection mother	22.4 (4.62)	19.01 (4.54)	*t* = 7.33***
Rejection father	11.4 (4.05)	9.20 (3.20)	*t* = 6.29***
Rejection mother	11.2 (3.68)	9.09 (3.28)	*t* = 6.18***
Warmth father	18.16 (4.03)	17.08 (4.41)	*t* = 2.59**
Warmth mother	20.02 (3.35)	18.75 (4.06)	*t* = 3.47***

***$p < .001$, **$p < .01$, * $p < .05$
Depression values before transformation

Links between PR practices and alcohol use, anxiety and depression in the Romanian versus the Norwegian students. First, correlation coefficients were calculated to test bivariate relationships between variables. Next, association between the study variables were further explored use by using multiple regression analysis. Table 2 presents zero-order correlations among the variables by country. As expected, depressive and anxiety scores were positively correlated with negative rearing practices (i.e., rejection, overprotection) and negatively with emotional warmth

from both parents, but only in the Norwegian sample; in the Romanian sample though, depression symptoms showed a low positive association with rejection from both parents and a negative one with mother´s emotional warmth. Alcohol use showed a negative significant relationship only with mother´s warmth in the Romanian sample. The outcome variables, on the other hand, were positively associated with each other in each sample. Alcohol use was positively associated with depression levels in the Norwegian sample, whereas in the Romanian one it was associated with anxiety level. Depression and anxiety levels were strongly correlated, regardless nationality. In addition and as expected, mother´s and father's parenting practices significantly covaried in each sample.

Table 2 Correlation matrix for bivariate relationships between trait depression, trait anxiety, alcohol use and parental variables by country

Norwegian		1	2	3	4	5	6	7	8	9
1	Protection father	1	.670**	.446**	.479**	-.100	-.025	.244**	.248**	.134
2	Protection mother	.670**	1	.371**	.482**	-.094	-.082	.238**	.228**	.232**
3	Rejection father	.446**	.371**	1	.602**	-.307**	-.550**	.329**	.329**	.128
4	Rejection mother	.479**	.482**	.602**	1	-.596**	-.329**	.394**	.396**	.042
5	Warmth mother	-.100	-.094	-.307**	-.596**	1	.626**	-.343**	-.355**	.009
6	Warmth father	-.025	-.082	-.550**	-.329**	.626**	1	-.307**	-.311**	-.090
7	Trait_anxiety	.244**	.238**	.329**	.394**	-.343**	-.307**	1	.759**	.046
8	Depression	.248**	.228**	.329**	.396**	-.355**	-.311**	.759**	1	.150*
9	Alcohol_use	.134	.232**	.128	.042	.009	-.090	.046	.150*	1

***$p < .001$, **$p < .01$

Romanian		1	2	3	4	5	6	7	8	9
1	Protection father	1	.760**	.234**	.193**	-.075	-.098	.130	.083	-.042
2	Protection mother	.760**	1	.131	.376**	-.100	-.062	.174	.004	-.118
3	Rejection father	.234**	.131	1	.742**	-.558**	-.727**	.081	.210**	-.042
4	Rejection mother	.193**	.376**	.742**	1	-.538**	-.471**	.118	.183**	-.155
5	Warmth mother	-.075	-.100	-.558**	-.538**	1	.728**	-.111	-.193**	.057
6	Warmth father	-.098	-.062	-.727**	-.471**	.728**	1	-.006	-.106	.048
7	Trait_anxiety	.130	.174	.081	.118	-.111	-.006	1	.493**	.267**
8	Depression	.083	.004	.210**	.183**	-.193**	-.106	.493**	1	.039
9	Alcohol_use	-.042	-.118	-.042	-.155	.057	.048	.267**	.039	1

***$p < .001$, **$p < .01$

Table 3 presents regression estimates for alcohol use and anxiety and depressive symptomatology scores obtained by hierarchic multiple regression analyses for Romanian and Norwegian students separately. Gender was added as the first predictor variable, while the parenting variables were entered in the second block of the analysis, using the standard enter method. The collinearity statistics in all six regressions showed that the variance inflation factor (VIF) ranged between 1.112 and 5.931 while the tolerance coefficient ranged between .319 and .899, suggesting no multicollinearity problems. Looking for influential cases, Cook´s distances were all smaller than 2, while leverage values were also within the normal range for the transformed variable (i.e., smaller than three times the average). Mahalanobis values above 25 were found both in the Romanian and Norwegian sample, although predominantly in the former, which might represent a source of bias in the Romanian regression models. (Field, 2013) Under closer inspection, these possible influential cases had extreme scores on one or several of the variables measured in the study. Comorbidity of the outcome variables (i.e. alcohol use, depression and anxiety) might be an explanation for these findings. Among Romanians, only mother´s protection was a significant predictor of anxiety (b = -.35, p < .01). Among Norwegians, mother´s protective behaviours predicted their alcohol consume (b = -.27, p < .01). All the parental variables explained the total variation in alcohol use 7.1%, anxiety 18.7% and respectively depressive symptomatology scores 16% for Norwegians. In the Romanian sample, however, they explained only 4.6% of the anxiety levels, as the regression model did not significantly improve the ability to predict depression and alcohol levels in the Romanian sample. Gender explained roughly 1% of the total variation in both samples and for all variables, with the exception of alcohol use in the Norwegian students 2%.

Table 3 Hierarchic multiple linear regression analysis of depression, anxiety and alcohol use and associations with the parenting variables

	Depression				**Anxiety**				**Alcohol use**			
	Romanian		Norwegian		Romanian		Norwegian		Romanian		Norwegian	
	B	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*
Constant		*NS*		.005		.007		.006		.055		.005
Gender	.3	*NS*	-.11	.05	-.07	*NS*	-.15	.02	-.13	.018	-.14	*NS*
Protection father	.06	*NS*	.12	*NS*	-.15	*NS*	.08	*NS*	.01	*NS*	-.01	*NS*
Protection mother	.03	*NS*	.40	*NS*	.35**	.01	.06	*NS*	-.03	*NS*	.27**	.006
Rejection father	.14	*NS*	.04	*NS*	.19	*NS*	.08	*NS*	.21	*NS*	.03	*NS*
Rejection mother	.12	*NS*	.14	*NS*	-.10	*NS*	.14	*NS*	-.26	*NS*	-.09	*NS*
Warmth mother	-.41	*NS*	-.05	*NS*	-.09	*NS*	-.13	*NS*	-.04	*NS*	.09	*NS*
Warmth father	.3	*NS*	-.19	*NS*	.23	*NS*	-.12	*NS*	.11	*NS*	-.12	*NS*

***$p < .001$, **$p < .01$,
Note: Anxiety: R^2=.08 Romanian, R^2=.20 Norwegian; Depression: R^2=.06 Romanian, R^2=.18 Norwegian; Alcohol use: R^2=.07 Romanian, R^2=.09 Norwegian; Betas are standardised coefficients.

Study Two

Preliminary analysis.

Data screening and statistical assumptions. New data was collected in Norway through an Internet survey. Out of 545 respondents, only 508 (93.2%) reported Norwegian nationality and were included in the final sample. The participants of the final sample were 41.2 % males and 58.8% females, all students at scientific and arts faculties *except* psychology; 91.2% were between 18 and 35 years old. Histograms and box plots indicated that scores on all the study variables were approximately normally distributed for each gender, with the exception of Rejection from both parents which showed positive values of skewness and kurtosis. Due to poor homogeneity of variance, data transformations were applied to two of the outcome variables (depression and anxiety

levels) by using square root and reciprocal transformations, respectively (Warner, 2008). Considering the large sample size the alpha levels were set to .05 for all significance tests.

Results.

Statistical methods. SPSS for MacBook Version 22.0 program was used in the calculations. First, independent samples *t* tests were performed to assess whether there was a gender difference in the mean scores of the study variables. Also, bivariate correlations were computed between the outcome and the parenting variables. The primary focus of the analyses was detecting the possible gender differences in the association between the parenting variables and each of the outcome variables: anxiety, depression and alcohol use. A series of multiple regression analysis were used to investigate this question. All parenting variables were entered in one block in the regression models, while the file was split by gender.

Descriptive statistics. An independent samples *t* test was performed to assess whether there was a gender difference in the mean scores of the study variables. As it can be noted, there are no significant differences between sexes in perception of parent's protective behaviours. However, the females found both of their parents to be warmer and more caring (t = 2.65; t=2.05, df = 498, $p < .05$) and their mothers less rejective than did the males (t = 2.20, df = 498, $p < .05$). Gender differences in all outcome variables (anxiety, depression and alcohol use) were significant ($p < .001$). The females reported more symptoms of depression (t = 3.64, df = 498) and anxiety, (t = 4.91, df = 498) while males higher levels of alcohol consume (t = 4.30, df = 498).

Table 4 Descriptive statistics for parental variables and trait-anxiety, depression and alcohol use by gender

	Females mean (SD)	Males mean (SD)	*t* value *Df (498)*
Depression (BDI)	9.66 (8.02)	7.03 (7.07)	*t* = 3.77***
Trait anxiety (PSQ)	.59 (.15)	.52 (.14)	*t* = 4.91***
Alcohol use (AUDIT)	5.99 (3.57)	7.46 (3.98)	*t* = 4.30***
Protection father	16.67 (4.05)	16.44 (3.77)	*t* = .66, *NS*
Protection mother	18.70 (4.12)	18.36 (4.07)	*t* = .91, *NS*
Rejection father	8.67 (2.86)	8.77 (2.74)	*t* = -.41, *NS*
Rejection mother	9.06 (3.27)	8.52 (2.22)	*t* = 2.20*
Warmth father	17.17 (4.45)	16.11 (4.35)	*t* = 2.65**
Warmth mother	18.34 (4.10)	17.64 (3.46)	*t* = 2.05*

***$p < .001$, **$p < .01$, * $p < .05$
Depression values before transformation

Parenting rearing practices and levels of depression, anxiety and alcohol use in the Norwegian internet sample split by gender. Table 5 provides detailed bivariate correlations between the outcome and the parenting variables by gender. Depression and anxiety levels were significantly related to levels of rejection and warmth for both genders and parents. Alcohol consume was associated with rejective and protective parental behaviours for females, whereas for males it was associated only with mother´s overprotection. Another interesting finding was that alcohol use was significantly related with depression levels just for females ($r = .13$, $p < .05$). Also, there was a significant high correlation between anxiety and depression symptoms for both genders ($r = .79$ females, $r = .72$ males, $p < .01$).

Table 5 Correlation matrix for bivariate relationships between depression, anxiety, alcohol use and parental variables by gender

		Rejection		Warmth		Protection	
		Father	Mother	Father	Mother	Father	Mother
Female	Depression (BDI)	.231**	.268**	-.198**	-.253**	.008	.125*
	Anxiety (PSQ)	.262**	.293**	-.288**	-.293**	.081	.159**
	Alcohol use (AUDIT)	.232**	.140*	-.018	-.102	.120*	.177**
Male	Depression (BDI)	.173*	.218**	-.152*	-.148*	.023	.095
	Anxiety (PSQ)	.233**	.319**	-.176*	-.168*	.128	.178*
	Alcohol use (AUDIT)	.121	.118	.052	-.047	.017	.177*

***$p < .001$, **$p < .01$, * $p < .05$

Finally, Table 6 shows the main findings in a series of forward regression analyses ($p < .05$), the predictor variables being entered in one step. All the models were a significant fit of data overall ($p < .05$); however, the depression model for males was marginally significant, with an exact probability value of .53. The collinearity statistics in all six regressions showed that the variance inflation factor (VIF) ranged between 2.246 and 4.124 while the tolerance coefficient ranged between .242 and .445, suggesting no multicollinearity problems. Looking for influential cases, Cook´s distances were all smaller than 2, and the residual statistics showed less than (5%) of the cases were outside the limits of two standard deviations (i.e. transformed variables). Therefore, this sample appears to meet the expectations of a fairly accurate model. The results of the analysis do indicate gender differences in the significance of parenting rearing styles related to the independent variables. Mother´s rejection was a significant predictor of anxiety in males ($b = .28$, $p < .01$) whereas in females it significantly predicted depression levels ($b = .20$, $p < .05$). One interesting outcome emerged for alcohol use, which was associated with mother´s overprotection for males ($b = .24$, $p < .05$) and father´s rejection for females ($b = .19$, $p < .05$). The parental variables altogether

explained the highest total variation in alcohol use for both genders (7%), anxiety (11%) and respectively depressive symptomatology scores (14%) for females.

Table 6 Multiple linear regression analysis of depression, anxiety and alcohol use and associations with the parenting variables by gender

	Depression				**Anxiety**				**Alcohol use**			
	Females		Males		Females		Males		Females		Males	
	B	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*	*B*	*sig*
Constant	2.22	.001	1.94	.005	.07	.000	.08	.006	1.38	*NS*	2.4	*NS*
Protection father	-.05	*NS*	-.08	*NS*	.05	*NS*	.04	*NS*	-.04	*NS*	-.17	*NS*
Protection mother	.05	*NS*	.04	*NS*	.06	*NS*	.01	*NS*	.13	*NS*	.24*	.027
Rejection father	.06	*NS*	.06	*NS*	.07	*NS*	-.01	*NS*	.19*	.048	.07	*NS*
Rejection mother	.20*	.041	.16	*NS*	.11	*NS*	.28**	.010	.04	*NS*	.06	*NS*
Warmth mother	.08	*NS*	-.05	*NS*	-.11	*NS*	.01	*NS*	.09	*NS*	.21	*NS*
Warmth father	-.20	*NS*	-.03	*NS*	-.14	*NS*	-.11	*NS*	-.05	*NS*	-.14	*NS*

**$p < .01$, * $p < .05$

Note: Anxiety, R^2=.11 female, R^2=.06 male; Depression, R^2=.14 female, R^2=.11 male; Alcohol use, R^2=.07 female, R^2=.07 male; Beta are all standardised coefficients.

Discussion

The overall findings of the parenting research conclude that adults who score high on anxiety, depression or alcohol use measures generally remember their parents as being more *rejecting* and *protective* than healthy persons do (Becoña et al., 2012; Gerlsma et al., 1990; Rapee, 1997). Particularly, substantial evidence links parental rejection to the etiology of depression and alcohol abuse (Rohner & Britner, 2002). More contradictory conclusions arise when assessing which particular rearing practices relate to anxiety in adults; some studies link overprotective behaviours to offspring anxiety, while others indicate a higher correlation with parental rejection (Alnaes & Torgersen, 1990; Gerlsma et al., 1990; Pedersen, 1994). Furthermore, the unique contribution of gender-of-parent by gender-of-offspring interactions in the etiology of the mental disorders remains unclear. Additionally, the question of the relative consequences of rearing practices as a function of

different cultural settings requires further examination. Finally, little is known about the relationship between PR and depression, anxiety and alcohol use outside developed European or American nations.

The present research was aiming to tentatively investigate these issues. Study one measured perceived PR practices (i.e., warmth, rejection, protection) as well as levels of depression, anxiety and alcohol use among Romanian and Norwegian college students. Two main research questions were examined: first, whether levels of perceived parental practices differed in these two samples; further, whether associations between PR and mental disorders revealed distinctive patterns among the Romanian and Norwegian students.

Overall, the results did correspond with these assumptions. As anticipated on the grounds of distinctive cultural backgrounds, both Romanian mothers and fathers were perceived as significantly more protective compared to the Norwegian ones; however, they were also described as more caring and rejective than their counterparts. However, this result might be influenced by the distribution of gender in the samples, which was predominantly female. Social norms in authoritarian cultures still expect greater behavioral obedience from girls, which usually translates into greater parental control, but also more warmth (Dwairy & Achoui, 2006). Finally, a typical pattern that emerged in both samples revealed mothers being warmer and more protective caregivers than fathers (Carlo Perris et al., 1980).

Differences among groups were observed as regarding anxiety and alcohol consume. Whereas Romanian students reported higher anxiety levels, the Norwegian undergraduates declared near double as high alcohol consume. This is consistent with large-scale European studies that place Nordic countries among the binge drinking cultures (Kuntsche et al., 2004). In contrast, the depressive levels between students in Norway and their Romanian peers were not significantly different. However, the timing of the data collection in Norway, well in the dark winter season, might account for these particular results.

Country differences emerged when exploring the associations between PR and anxiety, depression and alcohol use. The hierarchical regressions disclosed mother's protection as the only rearing behavior positively associated with the outcome variables. Specifically, overprotective behaviors displayed by mothers predicted alcohol consume among Norwegian students and anxiety symptoms among the Romanian participants. A link between over attentive and intrusive parental behaviors, as measured by the "protection" factor and various types of anxiety disorders is a typical finding in the parenting literature (Gerlsma et al., 1990). Furthermore, internalizing disorders such as anxiety are sometimes risks factors as well as causes of alcohol use (Grant et al., 2004; Swendsen & Merikangas, 2000). Also, keeping in mind the previous results showing a high level of alcohol consume among Norwegian students, these particular results are not surprising. Cultural norms that validate alcohol use might allow Norwegian undergraduates to cope with life stressors or other internalizing conditions by consuming alcohol (Kuntsche et al., 2004).

Measures of PR practices overall did significantly predict anxiety, depression and alcohol use among Norwegians; that is, in this sample the depressive and anxiety scores were positively correlated with negative rearing practices (i.e., rejection, overprotection) and negatively with emotional warmth from both parents, as expected from the above literature review. The strength of the relationships was relatively small, yet this is a consistent finding in similar nonclinical studies (Gerlsma et al., 1990).

In the Romanian model PR were predictive of levels of anxiety only. There might be two explanations for this result; first, characteristics of this particular sample of students might make it unfit to explore the links between the research variables; second, students in Romania might be less willing to give away private information to an unknown person, even under the protection of anonymity. A note should be done that research projects such as the present one are rather uncommon in Romanian universities; therefore, undergraduates are less exposed to practical research than Scandinavian ones and might be a bit more skeptical to it. Finally, the present study

should be considered exploratory only; further research using internet surveys and targeting a broader student population are required in order to investigate the research questions.

The gender impact on the study variables was investigated in an additional dataset collected among Norwegian students through an Internet survey. The general results of the regression analyses do indicate gender differences. Mother´s rejection was a significant predictor of anxiety in males whereas in females it predicted depression levels. Furthermore, alcohol use was associated with mother´s overprotection among males and father´s rejection among females. These findings are in line with common theoretical and empirical conclusions in the parenting field, which link parental rejection to depression and alcohol consume (Rohner & Britner, 2002). In addition, when it comes to mental illnesses, sexes are different. "Women with anxiety disorders are more likely to internalize emotions, which typically results in withdrawal and depression, while men are more likely to externalize emotions, tending towards alcohol abuse" (Eaton et al., 2012). Thus, these result patterns seem to follow common gender variances in the prevalence of depression.

However, any preliminary conclusions are difficult to be drawn with regard to the clear gender specific relationships revealed in this study. First, there was no same-sex or opposite-sex pattern revealed in the parent-child dynamics, which obviously complicates the picture. Second, there is no clear agreement in previous research on the gender correlates of PR and alcohol consume, anxiety and depression. That is, fathers are sometimes found to have an influence on sons versus daughters different from the influence that mothers have. For instance, (Patock-Peckham and Morgan-Lopez (2007), propose that a rejecting father is highly predictive of alcohol abuse for both genders; this assumption is partially shared by the present results, yet only for females. The same authors do however propose a second pathway towards alcohol abuse, with influences primarily from the same-sex parents for both genders (Patock-Peckham & Morgan-Lopez, 2007, 2009a). Likewise, a Norwegian longitudinal study conducted by Pedersen (1994), found that high paternal rejection was the strongest predictor for both anxiety and depression, whereas high maternal

rejection was the strongest indicator of anxiety, depression and delinquency combined (Pedersen, 1994). Obviously, it is difficult to integrate such conflicting data. Evidently, a range of mediating variables that might contribute in the etiology of mental disorders impacts these findings.

Finally, note that a relation between mother´s overprotection and alcohol consume among Norwegian students has been found in both study one and study two of this research. Also, protection scores reported by Norwegian undergraduates were significantly different comparing to their Romanian peers in study one; yet, no gender differences were found. That is, study two revealed that Norwegian mothers and fathers did not treat their daughters and sons differently by being more protective towards any of them. This indicates that Norwegian students in this sample were allowed autonomy from their parents. All this seems to suggest that autonomy granting (i.e., low protection) might be a characteristic feature of parenting for these Norwegian students. In contrast, overprotective behaviors, typically from mother, seem to be related to alcohol consume in both Norwegian samples. That said, the effect sizes in both studies were small; however, the sample sizes were large and study two included undergraduates from several faculties of arts and sciences; despite different study designs (i.e., pen and paper/survey and contra balanced order versus not), a link between mother's overprotective parenting practices and alcohol consume emerged in both data analysis. However, these findings should be considered exploratory only, until further research taking into account additional demographic and personality factors validate these results.

Limitations. Several objections can be made to the present study. Previous studies using EMBU seem to indicate that the instrument has good reliability, validity and that it is little influenced by mood (Arfundell et al., 1988; Arrindell et al., 1986b; Arrindell et al., 1986a). This is obviously important in relation to the collection of data. Moreover, the data analyzed to date suggest that EMBU holds cross-national constancy when ratings of non-patient samples from several countries are considered (Gerlsma et al., 1990).

In addition, like several other studies of perceived parenting, the present investigation is based on retrospective self-reports. The major emphasis is on the subjective experiences of parental rearing practices as reported by young adults. The weaknesses lie in that no considerations can be made by directly observing parent-child transactions on a daily basis. On the other side, the major premise is that parental rearing practices are relevant in the degree and meaning experienced by the subject. Thus, it seems that concern about the reliability of retrospective reports of parental rearing has been overstated (Brewin, Andrews, & Gotlib, 1993). The importance of focusing on the perceptions of parenting rather than on actual parental styles is also currently largely acknowledged (Darling & Steinberg, 1993; McIntyre & Dusek, 1995).

The objection also can be made that these studies have been making use of wide measures of anxiety. Perceived Stress Questionnaire taps into other constructs besides anxiety (i.e., depression traits) (Levenstein et al., 1993). However the results of both studies indicate that anxiety and depression levels were dissimilar between countries as well as genders. Also, the reasons making this instrument recommendable for the purposes of the present study were its applicability in normal population; a plus was its capacity to control for gender bias, being carefully worded to be "gender-neutral". Further studies should however try to differentiate more thoroughly between anxiety and depression measures.

It should be also noted that since this study is cross-sectional there is a need for more longitudinal research on the various hypotheses studied. An argument in favour of this is that most of the studies are of a descriptive or correlational nature, so there cannot be established causal relationships. Also, single factor causal relationships between one particular parenting rearing aspect and psychopathology are rendered improbable by current literature. Several studies have long ago indicated that the interactive effect of several rearing variables might have a higher influence then a single one (Schaefer, 1965b). Current theoretical models of mental disorders take in account the cumulative effect of multiple genetic and environmental interactions of factors. (C.

Perris et al., 1994) For instance, although sex differences in mental illnesses are well established, it is difficult to determine whether they are a function of the underlying genetic factors, of environmental factors or both.

Conclusions. Keeping these possible objections in mind, the findings of the present research suggest that both rejection and control, as measured by EMBU, show a relationship to anxiety, depression and alcohol abuse among college participants. The relationship is significant between these symptoms and the perception of high rejection or protection by mother; moreover, an association between high protection by mother and alcohol use emerged among the Norwegian students. However, on the grounds of scarcity of similar studies as well as a number of limitations discussed above, the present results should be contemplated as exploratory.

Now back to the patient in the therapy room: his question remains open for scientific inquiry. Up to date, there are few studies in Europe that assess the possible links between perceived parenting practices and mental disorders of the present focus in a cohesive cross-cultural evaluation; according to parallel research within Asian culture, the effect of parenting is culturally and gender dependent rather than universal. (Chao, 2001; Dwairy, 2004; Dwairy & Achoui, 2006; Leung et al., 1998) Taking into account the unique influence parents have on child's development, there is a need to carry out more studies focusing on the links of parenting to mental disorders. In future research, it would be relevant to use more diverse samples (e.g., different ethnic backgrounds, different socio-economic status) and different family structures (e.g., living with both parents, with single parent families, reconstituted families), as well as exploring cultural and gender differences in parental rearing practices, and consequently in the effects on depression, anxiety and alcohol use. Further, longitudinal studies are needed to paint a fuller picture of how particular characteristics of parental rearing practices exert an influence on their children, as well as how this influence changes over time.

The harsh reality is that depression, anxiety and alcohol abuse are some of the most common mental disorders worldwide, classified as leading causes of disability above and beyond war injuries and HIV (Murray & Lopez, 1997; Prince et al., 2007). In our modern times, one person in every four is likely to be affected by a mental disorder at some stage of life. (WHO, 2001). This translates in more people visiting the therapist. When the tough reality is that only some therapies work and that for only some people, increased research efforts render essential towards a better understanding of the underlying mechanisms of these mental disorders and hopefully prevention and increased life quality. For now, the patient visiting his counsellor for the first time seems to depend on scientific knowledge as much as on the therapist's intuition.

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UiT
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Informert samtykke

Jeg heter Oana Busuioc og er masterstudent i psykologi ved Tromsø Universitet.

Målet med dette studiet er å sammenligne svarene til studenter i to forskjellige europeiske land, Norge og Romania, og er en del av en kryss-kulturell forskning i samarbeid med professor Martin Eisemann, ved Tromsø Universitet.

Prosedyre: Hvis du aksepterer å delta i dette studiet vil vi spørre deg om følgende:

1. Spørsmål om alder, kjønn, utdannelse og nasjonalitet.
2. Utfylle et firedelt spørreskjema som inneholder en rekke spørsmål om din alkohol forbruk, dine foreldrenes oppdragelsesstil og tegn på depresjon eller stress.

Utfylling av skjemaet: Det er ingen rette eller gale svar. Jeg er ute etter din oppriktige mening og oppfatning.

Konfidensialitet/ Frivillig deltakelse: Deltakelsen er anonym. Dataene som lagres vil ikke kunne knyttes til deltakerens identitet. Deltakelsen er selvfølgelig frivillig, det vil si at du kan når som helst og uten å oppgi noen grunn trekke ditt svar tilbake.

Fordeler/Risiko for deltakere: Deltakere vil bidra til den kunnskap vi har i psykologi omkring en rekke kulturelle forskjeller.

Alle som deltar kan være med i trekningen av en ipad. Trekningen vil finne sted den 31 Januar. For å være med må du besvare alle spørsmålene.

Utfylling av spørreskjema kan hos enkelte fremkalle vonde minner eller følelser. Dersom du føler behov for videre oppfølging, kan du ta kontakt med Studenthelsestasjon (tel: 777 90 400) eller din fastlege.

Har du spørsmål?
Dersom du har spørsmål angående dette skjemaet, kan du kontakte masterstudent Lacramioara Busuioc, e-post: lbu002@post.uit.no, eller veileder, professor Martin Eisemann, e-post: martin.eisemann@uit.no.

Samtykke Erklæring: Jeg har lest overstående informasjonen og velger å delta i dette studiet.

Dato,

Signatur deltaker,

Takk for din deltagelse!

UNIVERSITETET I TROMSØ

Bakgrunnsopplysninger

Kryss av slik: ☒

Krysser du feil, fyller du hele feltet med farge, slik: ■ Sett så kryss i rett felt.

Spørsmål 4 kan besvares i flere felt.

1. Kjønn:	☐ Kvinne ☐Mann
2. Alder:	☐18-25 ☐26-35 ☐36-45 ☐ Over 45, spesifiser……..
3. Nasjonalitet:	☐Norsk ☐ Annet, spesifiser……..
4. Yrkesstatus:	☐Student fulltid ☐Student deltid ☐ Jobber fulltid ☐Jobber deltid ☐Arbeidsledig ☐ Annet , spesifiser……..
5. Lag din kode: Set inn forbokstavene på ditt navn+ første tre siffre i en mobilnummer.	*Mitt eksempel: OB907* Forbokstav……..3 siffre mobilnummer……

Testen nedenfor kan hjelpe deg å kartlegge ditt eget alkoholkonsum. I denne delen av spørreskjemaet brukes det begrepet "én alkoholenhet". Kort forklart, en drink= 1 alkoholenhet (AE), inneholder ca. 12,8 gr. alkohol og tilsvarer:

- 1 glass hetvin (8cl)
- 1 vanlig glass rød/hvit vin (12cl)
- 1 drink (4cl)
- 1 flaske pils (35cl)

1. Hvor ofte drikker du alkohol?
- ☐ Aldri
- ☐ Månedlig eller sjeldnere
- ☐ To til fire ganger i mnd.
- ☐ To til tre ganger i uka
- ☐ Minst fire ganger i uka

2. Hvor ofte føler du at du ikke kan stoppe å drikke når du først er i gang?
- ☐ Aldri
- ☐ Sjelden
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

3. Hvor ofte drikker du mer enn seks alkoholenheter?
- ☐ Aldri
- ☐ Månedlig eller sjeldnere
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

4. Hvor ofte har du skyldfølelse pga. alkohol?
- ☐ Aldri
- ☐ Sjelden
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

5. Hvor mange drinker drikker du på en typisk "drikkedag"?
- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7-9
- ☐ Minst 10

6. Hvor ofte har du "blackout" og husker lite fra kvelden før?
- ☐ Aldri
- ☐ Sjelden
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

7. Hvor ofte starter du "dagen-derpå" med alkohol?
- ☐ Aldri
- ☐ Sjelden
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

8. Har du eller andre blitt skadet pga. ditt alkoholbruk?
- ☐ Aldri
- ☐ Månedlig eller sjeldnere
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

9. Hvor ofte fører alkoholbruken til at du bryter avtaler, unnlater å gjøre ting du har planlagt, holder deg hjemme fra jobben o.l.?
- ☐ Aldri
- ☐ Månedlig eller sjeldnere
- ☐ Noen ganger i mnd.
- ☐ Noen ganger i uka
- ☐ Nesten daglig

10. Har slekt, venner, kolleger eller lege engstet seg over ditt alkoholforbruk og bedt deg drikke mindre?
- ☐ Nei
- ☐ Ja, men ikke det siste året
- ☐ Ja, i løpet av det siste året

****

Dette spørreskjema handler om din oppvekst og om dine foreldre.

Sett ett kryss eller fyll ut passende svaralternativ på følgende spørsmål:

1) **Jeg har vokst opp sammen med begge mine foreldre til jeg var 18 år. ☐ JA/ ☐ NEI**
2) **Min far lever fortsatt ☐ JA/ ☐ NEI (døde når jeg var…….år)**
3) **Min mor lever fortsatt ☐ JA/☐ NEI (døde når jeg var…….år)**
4) **Mine foreldre ble skilt før jeg ble 18 år. ☐ JA/☐NEI (når jeg var……..år gammel)**
5) **Jeg har vokst opp hos ☐ mamma/☐ pappa/☐ noen andre/☐ begge foreldre før jeg ble 18 år.**
6) **Jeg har søsken☐JA/ ☐ NEI (er nummer……i rekkefølgen.)**

****

Nedenfor finner du en del påstander angående barndommen din. Når du fyller ut dette skjemaet gjelder det å forsøke å huske hvordan du opplevde at dine foreldre var mot deg i barndommen. Selv om det iblant er vanskelig å huske eksakt hvordan våre foreldre var mot oss da vi var små, har vi likevel visse minner angående de prinsipper de brukte i oppdragelsen.

- Les nøye gjennom hver påstand og avgjør hvilket svaralternativ som stemmer for deg. (du kan bare velge ett alternativ).
- Du skal for hvert spørsmål sette et kryss under det alternativet som gjelder for akkurat din far og mors oppførsel mot deg. Gi separate svar for din far og mor.
- Vennligst svar alle spørsmål.

Eksempel: *"Jeg følte at foreldrene mine var interessert i hva jeg gjorde om kvelden."*

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☒	☐
Mor	☐	☐	☐	☒

Dette svaret vil tolkes til at moren interesserte seg litt mer enn faren i hva du gjorde om kvelden.

****

1. **Det hendte at foreldrene mine ble sur eller sint på meg uten at jeg fikk vite årsaken.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

2. **Foreldrene mine gav meg ros**.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

3. **Jeg ønsket at foreldrene mine skulle bekymre seg mindre for hva jeg gjorde.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

4. **Jeg fikk mer ris av foreldrene mine enn det jeg fortjente.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

5. **Når jeg kom hjem måtte jeg gjøre rede for hva jeg hadde gjort.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

6. **Jeg synes at foreldrene mine forsøkte å gjøre ungdomstiden min stimulerende, interessant og lærerik.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

7. **Foreldrene mine kritiserte meg i andres nærvær.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

8. **Det hendte jeg ikke fikk lov til å gjøre ting som andre barn fikk lov til, fordi foreldrene mine var redd for at det skulle skje meg noe.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

9. **Foreldrene mine ville jeg skulle være best.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

10. **Gjennom sin atferd, for eksempel ved å se trist ut, gav foreldrene mine meg skyldfølelse når jeg hadde oppført meg dårlig mot dem.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

11. **Jeg synes at foreldrenes uro for at noe skulle hende meg var overdrevet.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

12. **Når det gikk dårlig med meg, følte jeg at foreldrene mine prøvde å trøste og oppmuntre meg.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

13. **Jeg ble behandlet som familiens sorte får eller familiens syndebukk.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

14. **Foreldrene mine viste gjennom ord og handlinger at de likte meg.**

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

15. Jeg følte at foreldrene mine likte mine søsken bedre enn meg. (Svar dersom du har søsken.)

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

16. Foreldrene mine behandlet meg på en måte som gjorde meg skamfull.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

17. Jeg fikk lov til å gå hvor jeg ville uten at foreldrene mine brydde seg for mye.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

18. Jeg følte at foreldrene mine la seg opp i alt jeg gjorde.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

19. Jeg følte at det var varme og ømhet mellom meg og mine foreldre.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

20. Foreldrene mine satte bestemte grenser for hva jeg fikk lov til og ikke fikk lov til, og disse forholdet seg de strengt til.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

21. Foreldrene mine straffet meg hardt, til og med for bagateller.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

22. Foreldrene mine ville bestemme hvordan jeg skulle kle meg og se ut.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

23. Jeg følte at foreldrene mine ble stolt når jeg lyktes med noe.

	Nei, aldri	Ja, iblant	Ja, ofte	Ja, hele tiden
Far	☐	☐	☐	☐
Mor	☐	☐	☐	☐

****

Denne delen av spørreskjema består av 21 typer utsagn. Les nøye hvert utsagn, og velg det utsagnet i hver gruppe som best beskriver hvordan du har følt deg i løpet av de siste to ukene, medregnet i dag. Dersom flere utsagn innen en gruppe ser ut til å passe like bra, velger du det utsagnet med det høyeste tallet. Pass på at du velger bare ett av de utsagnene i hver gruppe. Detter gjelder også gruppe 16 (Endringer i søvnmønster) og grupper 18 (Endringer i matlyst).

1. **Tristhet**

☐Jeg føler meg ikke trist.
☐Jeg føler meg trist store deler av tiden.
☐Jeg føler meg trist hele tiden.
☐Jeg er så trist eller ulykkelig at jeg ikke holder ut.

2. **Pessimisme**

☐Jeg er ikke motløs med tanke på fremtiden.
☐Jeg er mer motløs med tanke på fremtiden enn jeg var før.
☐Jeg forventer at ting ikke vil gå i orden for meg.
☐Jeg forventer at fremtiden min er håpløs, og at alt bare vil bli verre.

3. **Mislykkethet**

☐Jeg føler meg ikke mislykket.
☐Jeg har mislyktes mer enn jeg burde.
☐Når jeg ser tilbake, ser jeg mange nederlag.
☐Jeg føler meg som en fullstendig mislykket person.

4. Tap av glede

☐Jeg får like mye glede ut av ting jeg liker som før.
☐Jeg får ikke like mye glede ut av ting jeg liker som før.
☐Jeg får svært liten glede ut av de tingene jeg pleide å like.
☐Jeg får ingen glede ut av de tingene jeg pleide å like.

5. Skyldfølelse

☐Jeg føler ikke særlig mye skyld.
☐Jeg føler skyld for mange ting jeg har gjort eller burde gjøre.
☐Jeg føler skyld meste parten av tiden.
☐Jeg føler skyld hele tiden.

6. Følelse av å bli straffet

☐Jeg føler ikke at jeg blir straffet.
☐Jeg føler det som om jeg kan bli straffet.
☐Jeg forventer å bli straffet.
☐Jeg føler det som om jeg blir straffet.

7. Mislike seg selv

☐Mitt selvbilde er uforandret.
☐Jeg har fått mindre selvtillit.
☐Jeg er skuffet over meg selv.
☐Jeg misliker meg selv.

8. Selvkritiskhet

☐Jeg kritiserer eller bebreider ikke meg selv mer enn vanlig.
☐Jeg kritiserer eller bebreider meg selv mer enn jeg pleide.
☐Jeg kritiserer meg selv for alle mine feil.
☐Jeg klandrer meg selv for alt leit som skjer.

9. Selvmordstanker

☐Jeg har ingen tanker om å ta livet mitt.
☐Jeg har tanker om å ta livet mitt, men ingen planer om å gjøre det.
☐Jeg ønsker å ta livet mitt.
☐Jeg ville tatt livet mitt dersom jeg fikk mulighet til det.

10. Gråt

☐Jeg gråter ikke mer enn før.
☐Jeg gråter mer enn før.
☐Jeg gråter for hver minste ting.
☐Jeg ønsker å gråte, men klarer det ikke.

11. Rastløshet

☐Jeg er ikke mer rastløs eller urolig enn vanlig.
☐Jeg føler meg mer rastløs eller urolig enn vanlig.
☐Jeg er så rastløs eller urolig at det er vanskelig å være i ro.
☐Jeg er så rastløs eller urolig at jeg må bevege meg eller gjøre noe helle tiden.

12. Tap av interesse

☐Jeg har ikke mistet interessen for andre mennesker eller aktiviteter.
☐Jeg er mindre interessert i andre mennesker eller ting enn tidligere.
☐Jeg har mistet det meste av min interesse for mennesker eller ting.
☐Det er vanskelig å bli interessert i noe som helst.

13. Ubesluttsomhet

☐Jeg tar beslutninger like lett som før.
☐Jeg synes det er vanskeligere å ta beslutninger nå enn før.
☐Jeg har mye større vanskeligheter med å ta beslutninger nå enn før.
☐Jeg har vanskeligheter med å ta enhver beslutning.

14. Verdiløshet

☐Jeg føler meg ikke verdiløs.
☐Jeg opplever meg ikke like verdifull og nyttig som for.
☐Jeg føler meg mer verdiløs enn andre mennesker.
☐Jeg føler meg fullstendig verdiløs.

15. Tap av energi

☐Jeg har like mye energi som før.
☐Jeg har mindre energi enn jeg pleide.
☐Jeg har ikke nok energi til å gjøre særlig mye.
☐Jeg har ikke nok energi til å gjøre noe som helst.

16. Endringer i søvnmønster

☐Jeg har ikke merket noen endringer med søvnen min.
☐Jeg sover litt mer enn vanlig.
☐Jeg sover litt mindre enn vanlig
☐Jeg sover mye mer enn vanlig.
☐Jeg sover mye mindre enn vanlig.
☐Jeg sover meste parten av døgnet.
☐Jeg våkner opp 1-2 timer for tidlig, og får ikke sove igjen.

17. Irritabilitet

☐Jeg er ikke mer irritabel enn vanlig.
☐Jeg er mer irritabel enn vanlig.
☐Jeg er mye mer irritabel enn vanlig.
☐Jeg er irritabel hele tiden.

18. Endringer i matlysten

☐Jeg har ikke merket noen endringer i min matlyst.
☐Min matlyst er litt mindre enn vanlig.
☐Min matlyst er litt større enn vanlig.
☐Min matlyst er mye mindre enn vanlig.
☐Min matlyst er mye større enn vanlig.
☐Jeg har ingen matlyst i det hele tatt.
☐Jeg føler trang til å spise hele tiden.

19. Konsentrasjonsvansker

☐Jeg kan konsentrere meg like bra som før.
☐Jeg kan ikke konsentrere meg like godt som vanlig.
☐Det er vanskelig for meg å konsentrer meg om noe som helst særlig lenge.
☐Jeg merker at jeg ikke kan konsentrer meg om noe som helst.

20. Tretthet og utmattelse

☐Jeg er ikke mer trøtt eller utmattet enn jeg pleier.
☐Jeg blir fortere trøtt eller utmattet enn jeg pleier.
☐Jeg er for trøtt eller utmattet til å gjøre mange av de tingene jeg pleide å gjøre.
☐Jeg er for trøtt eller utmattet til å gjøre mesteparten av de tingene jeg pleide å gjøre.

21. Tap av seksuell interesse

☐Jeg har ikke merket noen endring i min interesse for sex i det siste.
☐Jeg er mindre interessert i sex enn jeg pleide å være.
☐Jeg er mye mindre interessert i sex nå.
☐Jeg har mistet all interesse for sex.

****

Vennligst fyll ut siste delen av skjemaet på baksiden!

For hver påstand, kryss av for det svaret som beskriver hvor ofte dette har stemt for deg de siste to ukene. Arbeid raskt uten å tenke for lenge. Husk på at dette kun gjelder de siste to ukene.

		Nesten aldri	I blant	Ofte	For det meste
1.	Du føler deg uthvilt	☐	☐	☐	☐
2.	Du føler at for mange krav stilles deg	☐	☐	☐	☐
3.	Du blir lett irritert eller sur	☐	☐	☐	☐
4.	Du har for mye å gjøre	☐	☐	☐	☐
5.	Du føler deg ensom og isolert	☐	☐	☐	☐
6.	Du er involvert i konfliktsituasjoner	☐	☐	☐	☐
7.	Du gjør ting du virkelig liker	☐	☐	☐	☐
8.	Du føler deg trøtt	☐	☐	☐	☐
9.	Du er redd for å ikke nå dine mål	☐	☐	☐	☐
10.	Du føler deg rolig	☐	☐	☐	☐
11.	Du må ta for mange beslutninger	☐	☐	☐	☐
12.	Du føler deg frustrert	☐	☐	☐	☐
13.	Du er full av energi	☐	☐	☐	☐
14.	Du føler deg anspent	☐	☐	☐	☐
15.	Problemene dine hoper seg opp	☐	☐	☐	☐
16.	Du føler du har dårlig tid	☐	☐	☐	☐
17.	Du føler deg sikker og trygg	☐	☐	☐	☐
18.	Du har mange problemer	☐	☐	☐	☐
19.	Du føler du er under press av andre	☐	☐	☐	☐
20.	Du føler deg motarbeidet	☐	☐	☐	☐
21.	Du trives med tilværelsen	☐	☐	☐	☐
22.	Du er redd for framtiden	☐	☐	☐	☐
23.	Du føler du gjør ting som du egentlig ikke vil gjøre	☐	☐	☐	☐
24.	Du føler deg kritisert og observert	☐	☐	☐	☐
25.	Du er lett til sinns	☐	☐	☐	☐
26.	Du føler deg mentalt utmattet	☐	☐	☐	☐
27.	Du har vanskelig for å slappe av	☐	☐	☐	☐
28.	Du føler deg nedtynget av ansvar	☐	☐	☐	☐
29.	Du har nok tid til deg selv	☐	☐	☐	☐
30.	Du føler tidspress	☐	☐	☐	☐

Tusen takk for din deltagelse!

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Informert samtykke

Denne undersøkelsen er del av en masteroppgave i psykologi. Det er en kryss-kulturell forskning som gjennomføres i sammarbeid med prof. M. Eisemann ved Universitetet i Tromsø. Formålet er å sammenligne svarene til studenter i to forskjellige land, Norge og Romania. Vi spør om ditt alkohol forbruk, din oppdragelsestil og ulike spørsmål om ditt følelsesliv.

Konfidensialitet/ Frivillig deltakelse

Deltagelse i undersøkelsen er frivillig og du kan trekke deg når som helst. Resultatene som samles inn vil kun bli brukt til forskning. Svarene som du gir er helt anonyme, og kan ikke tilbakeføres til deg som person.

Fordeler/risiko for deltagere

Deltakere vil bidra til den kunnskap vi har i psykologi omkring en rekke kulturelle forskjeller. Utfylling av spørreskjema kan hos enkelte fremkalle vonde minner eller følelser. Dersom du føler behov for videre oppfølging, kan du ta kontakt med Studenthelsestasjon (tel: 777 90 400) eller oppsøke et selvhjelpsprogram på internett: http://msh.no

Alle som deltar kan være med i trekningen av en ipad. På slutten av spørreskjemaet vil du få mer informasjon om hvordan du kan delta i trekningen.

Samtykke-erklæring

Jeg har lest den overstående informasjonen. Ved å starte undersøkelsen gir jeg mitt samtykke til å delta og bekrefter at jeg har fylt 18 år.

START ved å trykke pil knappen til høyre.

Consimtamant informat

Ma numesc Oana Busuioc si sunt studenta la master in psihologie la universitatea din Tromsø, Norvegia.

Scopul acestui studiu este de a compara raspunsurile studentilor din doua tari europene, Norvegia si Romania, si face parte dintr-o cercetare interculturala in colaborare cu Profesor Martin Eisemann, de la Universitatea din Tromsø.

Procedura: Daca sunteti de acord sa participati atunci va vom solicita urmatoarele:

1. Sa raspundeti la intrebari in legatura cu varsta, sex, educatie si nationalitatea dvs.
2. Sa completati un chestionar din patru parti care contine intrebari despre consumul dvs de alcool, educatia primita in familie si semne de despresie si de stres.

Completarea formularului: Nu exista raspunsuri gresite. Va este ceruta opinia sincera si onesta.

Confidentialitate/ Participare voluntara: Participarea dvs este anonima. Nimeni nu poate trage concluzii din rezultate despre identitatea persoanei care a oferit raspunsurile. Participarea dvs este bineinteles libera. Puteti oricand si fara sa dati nici o explicatie sa va retrageti raspunsul.

Beneficii pentru participanti: Participanții vor contribui la cunoștințele pe care le avem în psihologie în legatura cu o serie de diferențe culturale.

Participantii vor putea participa la tragerea la sorti a unui Ipad. Tragerea la sorti va avea loc pe 20 Decembrie. Pentru a participa trebuie sa raspundeti la toate intrebarile.

Riscuri: Acest chestionar contine intrebari care pot evoca amintiri sau sentimente neplacute. Daca simtiti nevoia sa vorbiti despre acestea, va rugam sa va adresati medicului de familie, care va va indruma in continuare.

Intrebari?

Daca aveti intrebari in legatura cu acest chestionar, o puteti contacta pe subsemanta, Oana Busuioc, pe adresa de email: lbu002@post.uit.no, sau profesor supervizor, profesor Martin Eisemann, e-post: martin.eisemann@uit.no.

Confirmare de participare: Am citit informațiile din prezentul document si aleg sa particip la acest studiu.

Data,

Semnatura participant,

Va multumesc pentru participare!

Informatii personale

Bifati raspunsul corect in casuta corespunzatoare, dupa exemplul: ☒

Daca bifati gresit, corectati in felul urmator:

- *Umpleti casuta cu culoare:* ■
- *Bifati dupa aceea casuta corecta.*

La intrebarea a patra puteti bifa mai multe variante de raspuns.

2. **Sex:**	☐ Femeie ☐ Barbat
2. Varsta:	☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ Peste 45, specificati……..
3. Nationalitate:	☐ Romana ☐ Alta, specificati……..
4. Profesie:	☐ Student cu norma intreaga ☐ Student cu norma redusa ☐ Lucrez cu norma intreaga ☐ Lucrez cu norma redusa ☐ Somer ☐ Alta , specificati……..
5. Initialele numelui+primele sase cifre din nr de telefon mobil (cod de recunoastere retest)	*Exemplu: OB 074561* Initiale……6 cifre tlf……..

TESTUL AUDIT

Testul de mai jos va ajuta sa va evaluati consumul de alcool. O unitatea de consum de alcool, sau un drink, este egal cu aproximativ 12 g alcool pur sau cu:

- *330 ml bere (o sticla mica),*
- *120 ml vin obisnuit (un pahar) sau*
- *40 ml bauturi spirtoase.*

1. Cat de des beti o bautura care contine alcool?

☐ Niciodata
☐ Lunar sau mai rar
☐ 2 la 4 ori pe luna
☐ 2 la 3 ori pe saptamana
☐ 4 sau mai multe ori pe saptamana

2. Cat de des ati constatat ca nu puteti sa va opriti din baut odata ce ati inceput?

☐ Niciodata
☐ Rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

3. Cat de des beti 6 sau mai multe unitati (drink) de alcool intr-o singura ocazie?

☐ Niciodata
☐ Lunar sau mai rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

4. Cat de des ati avut un sentiment de remuscare sau de vina dupa ce ati baut?

☐ Niciodata
☐ Rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

5. Cate unitati de alcool (drinkuri) consumati intr-o zi obisnuita, atunci cand beti?

☐ 1 sau 2
☐ 3 sau 4
☐ 5 sau 6
☐ 7 sau 9
☐ 10 sau mai mult

6. Cat de des nu ati putut sa va amintiti ce s-a intamplat in noaptea trecuta din cauza ca ati baut?

☐ Niciodata
☐ Rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

7. Cat de des aveti nevoie sa beti prima bautura de dimineata ca sa va reveniti dupa o bautura zdravana?

☐ Niciodata
☐ Rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

8. Dvs. sau altcineva a fost ranit ca rezultat la faptul ca ati fost baut?

☐ Niciodata
☐ Lunar sau mai rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

9. Cat de des nu reusiti sa faceti ceea ce era de asteptat sa faceti (de ex. nu va duceti la servici) din cauza bautului?

☐ Niciodata
☐ Lunar sau mai rar
☐ De cateva ori pe luna
☐ De cateva ori pe saptamana
☐ Zilnic sau aproape

10. O ruda, un prieten, un doctor sau o alta persoana din domeniul sanitar a fost ingrijorata de bautul dvs. sau v-a sfatuit sa-l reduceti?

☐Nu
☐Da, dar nu in ultimul an
☐Da, in ultimul an

BDI

Instructiuni: *Acesta este un chestionar format din 21 grupuri de afirmatii. Va rog sa cititi cu atentie intregul grup de afirmatii din fiecare categorie. Apoi va rog sa alegeti din fiecare categorie acea afirmatie care descrie cel mai bine starea dvs. din ultimele doua saptamani, calculata din acest moment. Bifati casuta corespunzatoare. Chiar daca mai multe afirmatii dintr-un grup par sa se potriveasca, alegeti numai una, inclusiv la numarul 16 si 18.*

1.Tristete

☐ Nu ma simt trist.
☐ Ma simt trist in cea mai mare parte a timpului.
☐ Sunt trist tot timpul si nu pot scapa de tristete.
☐ Sunt atat de trist si nefericit incat nu mai pot suporta.

2. Pesimism

☐ Viitorul nu ma descurajeaza.
☐ Cand ma gandesc la viitor, ma simt mai descurajat ca inainte.
☐ Simt ca nu am ce astepta de la viitor.
☐ Simt ca viitorul e fara speranta si nu mai e nimic de facut.

3. Esec

☐ Nu am sentimentul esecului sau ratarii.
☐ Simt ca am avut mai multe esecuri decat majoritatea oamenilor.
☐ Daca ma uit in urma la viata mea, vad o multime de esecuri.
☐ Ma simt complet ratat ca persoana.

4. Pierderea placerii

☐ Lucrurile imi fac aceeasi placere ca de obicei.
☐ Nu ma mai bucur de lucruri ca inainte.
☐ Greu mai obtin o satisfactie reala.
☐ Nu am mai trait nici o satisfactie.

5. Sentiment de vinovatie

☐ Nu ma simt in mod special vinovat de ceva.
☐ Ma simt vinovat pentru multe lucruri pe care le-am facut sau ar trebui sa le fac.
☐ Ma simt vinovat in cea mai mare parte a timpului.
☐ Ma simt tot timpul vinovat.

6. Sentimentul de a fi pedepsit

☐ Nu ma simt pedepsit cu ceva.
☐ Ma gandesc ca s-ar putea sa fiu pedepsit pentru ceva.
☐ Simt ca voi fi pedepsit.
☐ Simt ca sunt pedepsit.

7. Imaginea de sine

☐ Imaginea mea de sine este neschimbata.
☐ Mi-a scazut increderea in mine.
☐ Sunt dezamagit de mine insumi.
☐ Ma urasc.

8. Critica de sine

☐ Nu ma critic pentru greselile mele mai mult decat de obicei.
☐ Ma critic mai mult decat de obicei.
☐ Ma acuz tot timpul pentru greselile mele.
☐ Ma acuz pentru tot ce se intampla rau.

9. Idei de sinucidere

☐ Nu am nici o ideie de a ma sinucide.
☐ Ma gandesc uneori ca ar fi mai bine daca as muri, dar nu am nici un plan in acest sens.
☐ Am ideia de a ma sinucide.
☐ As dori sa ma sinucid daca as avea ocazia.

10. Plans

☐ Nu plang mai mult decat de obicei.
☐ Acum plang mai mult ca de obicei.
☐ Plang din orice lucru marunt.
☐ Obisnuiam sa plang, dar acum nu mai pot chiar daca as vrea.

11. Neliniste

☐ Nu sunt mai nelinistit sau agitat ca inainte.
☐ Acum sunt mai nelinistit si agitat ca inainte.
☐ Sunt atat de nelinistit si agitat incat uneori imi este greu sa stau locului.
☐ Sunt atat de nelinistit si agitat incat simt constant nevoia sa ma misc sau sa imi umplu timpul.

12. Pierderea interesului

☐ Nu mi-am pierdut interesul fata de oamenii din jur sau fata de activitati.
☐ Am un interes mai scazut fata de oameni sau activitati ca inainte.
☐ Mi-am pierdut cea mai mare parte a interesului fata de activitati sau oameni.
☐ Cu greu mai sunt interesat de ceva.

13. Capacitatea de decizie

☐ Iau decizii la fel de usor ca inainte.
☐ Imi este mai greu sa iau decizii ca inainte.
☐ Am mari greutati cand trebuie sa hotarasc.
☐ Nu mai pot lua nici o decizie.

14. Stima de sine

☐ Nu ma simt lipsit de valoare.
☐ Nu ma simt la fel de valoros si important ca inainte.
☐ Ma simt mai putin important decat ceilalti.
☐ Ma simt fara nici o valoare in lume.

15. Lipsa de energie

☐ Am la fel de multa energie ca inainte.
☐ Am mai putina energie ca de obicei.
☐ Nu am energie suficienta pentru a duce majoritatea lucrurilor la bun sfarsit.
☐ Nu am energie suficienta pentru nimic.

16. Schimbari in orarul de somn

☐ Dorm tot atat de bine ca de obicei.
☐ Dorm un pic mai mult ca de obicei.
☐ Dorm un pic mai putin ca de obicei.
☐ Dorm mult mai mult ca de obicei.
☐ Dorm mult mai putin ca de obicei.
☐ Dorm aproape toata ziua.
☐ Ma trezesc cu 1-2 ore mai devreme decât înainte si nu mai pot adormi.

17. Iritabilitate

☐ Nu sunt mai nervos ca de obicei.
☐ Acum sunt mai nervos si iritabil ca de obicei.
☐ Sunt mult mai nervos si iritabil ca de obicei.
☐ Sunt nervos si iritabil tot timpul.

18. Pofta de mancare

☐ Pofta mea de mancare este la fel ca inainte.
☐ Nu mai am asa pofta de mancare ca de obicei.
☐ Am pofta de mancare un pic mai mare ca de obicei.
☐ Acum pofta de mancare este mult mai proasta ca de obicei.
☐ Am pofta de mancare mult mai mare ca de obicei.
☐ Mi-am pierdut pofta de mancare.
☐ Imi vine sa mananc tot timpul.

19. Capacitatea de concentrare

☐ Ma pot concentra la fel de bine ca inainte
☐ Trebuie sa fac un efort suplimentar ca sa ma concentrez la fel de bine ca de obicei.
☐ Tebuie sa ma straduiesc din greu ca sa raman concentrat pe un lucru timp mai indelungat.
☐ Nu ma pot concentra pe nimic.

20. Oboseala

☐ Nu sunt mai obosit ca de obicei.
☐ Obosesc mai repede ca de obicei.
☐ Sunt prea obosit ca sa mai pot face majoritatea lucrurilor.
☐ Sunt prea obosit sa mai pot face ceva.

21. Pierderea interesului pt sex

☐ Nu am observat schimbari recente ale interesului meu fata de sex.
☐ Am un interes mai scazut pentru sex ca inainte.
☐ Sexul ma intereseaza mult mai putin ca inainte.
☐ Mi-am pierdut complet interesul pentru sex.

****

EMBU

Acest chestionar se refera la copilaria si la parintii dvs. Va rugam sa marcati cu X alternativa Dvs. de raspuns sau sa scrieti raspunsurile potrivite la urmatoarele intrebari:

1. **Am crescut impreuna cu ambii parinti pana la varsta de..... ani.**
2. **Tatal meu este in viata..... (a decedat cand eram in varsta de .....ani).**
3. **Mama mea este in viata..... (a decedat cand eram in varsta de ..... ani).**
4. **Parintii mei s-au despartit cand aveam varsta de..... ani.**
5. **Am fost crescut de ..... de la varsta de ..... ani.**
6. **Nu am frati…… Am frati ……Eu sunt al ……copil.**

****

In continuare, pentru completarea acestui formular trebuie sa incercati sa va aduceti aminte cum ati apreciat ca parintii s-au comportat fata de dvs. Chiar daca este foarte greu sa ne aducem aminte cum s-au purtat parintii nostri fata de noi pe cand eram foarte tineri, totusi fiecare dinte noi isi aduce aminte ce principii de educatie au aplicat.

*Cititi cu atentie fiecare intrebare si marcati acea alternativa care corespunde felului in care tatal, respectiv mama s-a purtat fata de dvs. Faceti deosebire intre comportamentul mamei si cel al tatalui.

* Alegeti numai o alternativa pentru fiecare parinte si intrebare.

* Aveti grija sa nu lasati intrebari neraspunse.

Exemplu: Obisnuiau parintii sa se intereseze de ce faceati seara?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☒	☐
Mama	☐	☐	☐	☒

Din raspunsul la aceasta intrebare reiese ca mama se interesa mai des de ce faceati seara decat tata.

****

1. S-a intamplat ca parintii sa fie suparati sau distanti fara sa va spuna motivul?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

2. Obisnuiau parintii sa va laude?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

3. S-a intamplat sa va doriti ca parintii sa-si faca mai putine griji fata de ce faceati dvs?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

4. S-a intamplat ca parintii sa va aplice pedepse corporale mai severe decat meritati?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

5. La intoarcerea acasa trebuia intotdeauna sa dati socoteala parintilor de tot ce ati facut?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

6. Credeti ca parintii v-au facut adolescenta interesanta, stimulativa, instructiva, de ex. dandu-va carti bune, aranjandu-va plecarea in tabere, ducandu-va la cluburi, spectacole, etc?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

7. Va criticau parintii deseori si va spuneau ce lenes si fara rost v-ati dovedit in fata altora?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

8. S-a intamplat ca parintii sa nu va permita sa faceti anumite lucruri asa cum le era permis altor copii de frica sa nu vi se intample ceva rau?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

9. Incercau parintii sa va stimuleze in a deveni cel mai bun?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

10. Obisnuiau parintii sa se intristeze sau reactionau daca te purtai urat, astfel incat te simteai vinovat?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

11. Credeti ca frica parintilor dvs. ca vi s-ar putea intampla ceva rau era exagerata?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

12. Daca aveati probleme, ati simtit ca parintii incercau sa va consoleze si incurajeze?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

13. Ai fost tratat ca “oaia neagra” a familiei sau “tapul ispasitor”?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

14. Ati simtit ca parintii va placeau?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

15. Simteati ca parintii iubeau fratii si surorile mai mult ca pe dvs? (raspundeti la intrebare doar daca aveti frati sau surori)

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

16. Parintii va tratau astfel incat sa va simtiti rusinat?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

17. Erati obisnuit sa vi se permita sa mergeti unde doreati fara ca parintii sa-si faca griji unde va duceti?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

18. Ati simtit ca parintii se amestecau in tot ce faceti?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

19. Ati simtit ca intre dvs si parinti exista caldura si tandrete?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

20. Parintii au stabilit limite decisive pentru ce aveati voie sa faceti, la care apoi s-au conformat riguros?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

21. Se intampla ca parintii sa va pedepseasca chiar pentru mici pacate/pozne?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

22. Au dorit parintii intotdeauna sa hotarasca cum sa va imbracati si cum sa aratati?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

23. Ati simtit ca parintii erau mandri cand reuseati in ceea ce intreprindeati?

	Niciodata	Rareori	Deseori	Intotdeauna
Tata	☐	☐	☐	☐
Mama	☐	☐	☐	☐

****

PSQ

Pentru fiecare afirmatie, bifati in casuta corespunzatoare acea alternativa care corespunde felului in care v-ati simtit in ultimele doua saptamani. Raspundeti rapid fara sa va ganditi prea mult.

		Aproape niciodata	**Uneori**	**Deseori**	**Aproape intotdeauna**
1.	Te simti odihnit	☐	☐	☐	☐
2.	Te simti asaltat de prea multe cerinte	☐	☐	☐	☐
3.	Esti usor iritabil sau morocanos	☐	☐	☐	☐
4.	Ai prea multe de facut	☐	☐	☐	☐
5.	Te simti singur sau izolat	☐	☐	☐	☐
6.	Esti implicat in situatii de conflict	☐	☐	☐	☐
7.	Simti ca faci lucruri care iti fac cu adevarat placere	☐	☐	☐	☐
8.	Te simti obosit	☐	☐	☐	☐
9.	Ti-e frica că nu iti vei atinge scopurile	☐	☐	☐	☐
10.	Te simti calm	☐	☐	☐	☐
11.	Ai prea multe decizii de luat	☐	☐	☐	☐
12.	Te simti frustrat	☐	☐	☐	☐
13.	Esti plin de energie	☐	☐	☐	☐
14.	Te simti tensionat	☐	☐	☐	☐
15.	Problemele tale par ca se aduna	☐	☐	☐	☐
16.	Simti ca esti grabit	☐	☐	☐	☐
17.	Te simti in siguranta si protejat	☐	☐	☐	☐
18.	Ai multe griji	☐	☐	☐	☐
19.	Te simti presat de ceilalti	☐	☐	☐	☐
20.	Te simti descurajat	☐	☐	☐	☐
21.	Te bucuri de viata	☐	☐	☐	☐
22.	Iti este frica de viitor	☐	☐	☐	☐
23.	Simti ca faci lucrurile pe care trebuie sa le faci, nu ce iti doresti	☐	☐	☐	☐
24.	Te simti criticat sau judecat	☐	☐	☐	☐
25.	Esti vesel	☐	☐	☐	☐
26.	Te simti epuizat psihic	☐	☐	☐	☐
27.	Ti-e greu sa te relaxezi	☐	☐	☐	☐
28.	Te simti impovarat de responsabilitati	☐	☐	☐	☐
29.	Ai timp suficient pentru tine insuti	☐	☐	☐	☐
30.	Simti ca te afli sub presiunea timpului	☐	☐	☐	☐

****

Va multumesc pentru participare!

Appendix B

Mann-Withney tests

Mann-Withney test looks at differences in the ranked positions of scores in different groups; therefore, the group with the lowest mean rank is the group with the greatest number of lower scores in it. In this case, Romanians have reported higher rates of Protection, Rejection and Warmth than Norwegians. All test statistic are significant, $p < .05$ The effect sizes were small for emotional warmth (.15 mother and .22 father) and medium for the rest of variables (.47 Protection both parents and .46 Rejection father, .51 Rejection mother). These results concur with the parametric *t* tests reported. (Field, 2013) p 548

Ranks

	Nationality of participant	N	Mean Rank	Sum of Ranks
Protection_F	Romanian	209	249.20	52082.00
	Norwegian	208	168.61	35071.00
	Total	417		
Protection_M	Romanian	209	249.73	52193.50
	Norwegian	208	168.07	34959.50
	Total	417		
Rejection_F	Romanian	209	248.17	51867.50
	Norwegian	208	169.64	35285.50
	Total	417		
Rejection_M	Romanian	209	252.50	52771.50
	Norwegian	208	165.30	34381.50
	Total	417		
Warmth_M	Romanian	209	227.42	47531.50
	Norwegian	208	190.49	39621.50
	Total	417		
Warmth_F	Romanian	209	222.98	46602.50
	Norwegian	208	194.95	40550.50
	Total	417		

Test Statistics[a,b]

	Protection_F	Protection_M	Rejection_F	Rejection_M	Warmth_M	Warmth_F
Mann-Whitney U	13335.000	13223.500	13549.500	12645.500	17885.500	18814.500
Wilcoxon W	35071.000	34959.500	35285.500	34381.500	39621.500	40550.500
Z	-6.844	-6.931	-6.726	-7.461	-3.150	-2.381
Asymp. Sig. (2-tailed)	.000	.000	.000	.000	.002	.017

Field, A. (2013). *Discovering statistics using IBM SPSS statistics*: Sage.