

EMOTION REGULATION AMONG YOUNG ADULTS IN MALAYSIA



PARENTING STYLES (AUTHORITATIVE AND AUTHORITARIAN) AND
CHILDHOOD TRAUMATIC EXPERIENCES AS PREDICTORS OF EMOTION
REGULATION AMONG YOUNG ADULTS IN MALAYSIA

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Running head: EMOTION REGULATION AMONG YOUNG ADULTS IN MALAYSIA

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This research project is submitted in partial fulfilment of the requirements for the Bachelor of
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DECLARATION

We declare that the material and content contained in this paper are the result of our work and that due acknowledgement has been given in the bibliography and references to ALL sources, be they printed, electronic or personal.

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APPROVAL FORM

This research paper attached hereto, entitled “Parenting Styles (Authoritative and Authoritarian) and Childhood Traumatic Experiences as Predictors of Emotion Regulation among Young Adults in Malaysia ” prepared and submitted by Chin Meng En, Tan Hui Wen, and Wong En in partial fulfilment of the requirements for the Bachelor of Social Science (Hons) Psychology is hereby accepted.



Supervisor

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Date: 21/4/2025

Abstract

The insufficient ability of emotional regulation is a rising concern among Malaysian young adults. This has led them to a level of vulnerability when facing stressful events, where they struggle with mental health issues and suicidal attempts. Therefore, the present study examines the predictive role of parenting styles (authoritative and authoritarian) and childhood traumatic experiences on emotion regulation among young adults in Malaysia. A quantitative, cross-sectional design was employed to study 145 Malaysian participants, aged 18-29, recruited for the study. Parenting Style Questionnaire, Childhood Trauma Questionnaire-Short Form (CTQ-SF), and Difficulties in Emotion Regulation Scale-16 (DERS-16) were utilised to measure the variables of the study. Multiple linear regression analysis revealed that authoritarian parenting ($\beta = -.220$, $p < .001$) and childhood trauma ($\beta = -.271$, $p = .012$) significantly predicted poorer emotion regulation. However, authoritative parenting ($\beta = -.051$, $p = .586$) was not significantly associated with emotional regulation. The findings align with Social Cognitive Theory, emphasising how early environmental influences shape emotional self-regulation. To take note, authoritarian parenting's negative impact may also be exacerbated in Malaysia's collectivist culture, where emotional suppression is reinforced. Understanding these factors may be beneficial for developing effective interventions, including parenting workshops to reduce punitive practices and school-based programs to enhance emotional awareness. Limitations of the study include gender and ethnic imbalances in the sample (95.5% Chinese; 68.3% female) and reliance on cross-sectional data. Recommendations for future studies were suggested to improve generalizability and avoid possible bias.

Keywords: emotion regulation, parenting styles, childhood trauma, young adults, Malaysia

Subject area: H1-99, Social sciences (General)

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List of Abbreviations

Abbreviations

APA	American Psychological Association
ER	Emotion Regulation
SCT	Social Cognitive Theory
DERS-16	Difficulties in Emotion Regulation Scale - 16-item version
PSDQ-short version	Parenting Style and Dimension Questionnaire - Short Version
CTQ-SF	Childhood Trauma Questionnaire-Short Form
IV	Independent Variables
DV	Dependent Variable
MLR	Multiple Linear Regression
SPSS	Statistical Package for the Social Sciences
SERC	UTAR Scientific and Ethical Review Committee
UTAR	Universiti Tunku Abdul Rahman

Chapter I

Introduction

Background of Study

According to Kozubal et al. (2023), the ability to flexibly regulate emotional reactions has become something even more valuable than before. The regulation of emotions is inevitable in an individual's daily life. Emotion regulation refers to moderating (intentionally or unintentionally) one's emotions to achieve desired outcomes (Aldao et al., 2010). It involves generating, maintaining, and enhancing positive and negative emotions (Das, 2016). During young adulthood (18-26 years), it is a critical period in a person's development, with long-term implications for his or her emotional security, health, and well-being (Ghosh & Halder, 2020). Young people may face social and emotional challenges, greater emotional ups and downs, unpredictable or intense emotions, and emotional vulnerability (Psychology et al., 2021). After that, researchers have found that young adults with complex mental health needs are increasingly struggling to regulate their emotions and manage maladaptive behaviour-impulsive (Psychology et al., 2021). This difficulty in emotion regulation, also known as emotional dysregulation, is associated with psychological and behavioural problems such as anxiety, addiction, and depression (Preston et al., 2021; Lane & Smith, 2021).

In fact, understanding the risk factors for emotion regulation is critical to developing prevention strategies to reduce the negative impact of emotion regulation. One such factor correlated with emotion regulation is parenting styles (Lanjekar et al., 2022). Furthermore, conflicts related to emotional material may pose a delicate risk for the development of psychological problems in individuals who experience early life trauma (Perveen & Thai, 2021). Thus, it can be seen that emotion regulation in young adults is influenced by several

significant factors, including parenting styles (authoritative and authoritarian parenting styles) and traumatic childhood experiences that lead to difficulty in emotion regulation, poor strategic coping and negative emotions in response to emergencies.

In moments of parenting, styles can be defined as a constellation of attitudes and behaviours towards children, as well as an emotional environment that influences how parents behave toward their children (Darling & Steinberg, 1993). Based on the combination of two dimensions – demandingness and responsiveness, Kuppens and Ceulemans (2019) showed parenting can be categorised into four distinct styles: authoritative, authoritarian, indulgent, and neglectful, each of which uniquely influences children's development and well-being. Each of these parenting styles has a distinct impact on children. In terms of cultural background, there will be different parenting styles focused on. In early Malaysia, the collectivist culture was primarily associated with an authoritarian parenting style (Keshavarz et al., 2013). However, Salehuddin and Winskel (2016) found that Malaysian parents today tend to adopt an authoritative style rather than an authoritarian one. Therefore, these two primary parenting styles can be seen that are more prevalent in Malaysia. This study will focus specifically on examining the impact of these two parenting styles on emotion regulation.

Authoritative parenting is defined as a warm, supportive relationship between parents and children (Sanvictores & Mendez, 2022). Authoritative parents not only offer their children support and warmth but also remain consistent with their rules and discipline (Baumrind, 1991). Most previous studies reported that an authoritative parenting style had a significant positive impact on emotion regulation (Jabeen et al., 2013; Das, 2016), which means that an authoritative parenting style has a better ability to regulate emotions or adaptive emotional coping. In contrast, authoritarian parenting is a strict parenting style characterised by placing high demands and expectations on children (Brennan, 2021).

Authoritarian parents tend to impose rigid and stringent rules, exercising a high degree of authority to regulate and control their children's behaviour (Bi et al., 2018). Previous studies showed that the authoritarian parenting style significantly predicts emotion regulation and higher negative emotions (Sanvictores & Mendez, 2022). However, there is a study that showed that there is a weak positive correlation between authoritarian parenting style and emotion regulation in China (Yao et al., 2022).

Moreover, childhood traumatic experiences occur when a child experiences single or multiple events which are emotionally painful or distressing, often resulting in damage to their physical and mental health throughout their lives. Childhood traumatic exposure is often described as physical, sexual, and/or emotional abuse, or neglect (physical and/or emotional) (Gonzalez et al., 2023). Research has shown that individuals who have experienced childhood trauma often struggle with emotion regulation (Muehlenkamp et al., 2010). Another study concluded that such experiences during childhood have detrimental effects on the development of emotion regulation skills as well as a deficiency in emotional understanding (Perveen, 2021). This underscores the critical importance of examining the impact of childhood traumatic experiences on emotion regulation, particularly in relation to emotion dysregulation.

In short, based on the support from previous studies, the current study aims to examine parenting style (authoritative and authoritarian) and childhood traumatic experience as the predictors of emotional regulation among young adults in Malaysia. By focusing on these factors, this research will contribute valuable insights into the complex interplay between parenting, early trauma, and emotional regulation, offering potential pathways for promoting better emotional health outcomes among young adults.

Problem Statement

Malaysian findings contributed a result that young adults who are facing stressful life events are more vulnerable towards mental health problems and maladaptive behaviours due to their insufficient ability to regulate emotions (Mohamed et al., 2022). Malaysian studies revealed that in 2022, 60% of young adults experienced varying degrees of depressive symptoms, while 30% of young adults experienced varying degrees of anxiety symptoms; the tendency to commit suicide among young adults in 2020 also increased from 953 people to 2119 people (UNICEF, 2023). The difficulties in emotional regulation might be a contributing factor in explaining the high prevalence of mental health issues and suicidal attempts among young adults in Malaysia (Turton, 2021). Therefore, it is essential to investigate the possible risk factors that contribute to the difficulties in emotion regulation among young adults in Malaysia.

Moreover, there are only limited articles that explore the effect of parenting style towards emotional regulation ability among young adults especially in the Asian context (Paul & Vijayan, 2024; Yao et al., 2022; Wang & Gai, 2024) such as Malaysia. Through systematic searching using various search engines, most of the articles are investigating the emotional regulation ability of adolescents and children (Haslam et al., 2020; Nur Afrina Rosharudin et al., 2023; Goagoses et al., 2022). Other than that, the impact of parenting style towards emotional regulation ability among young adults might be culturally dependent (Das, 2022). This is said because Malaysia is a collectivist culture country and is influenced by Asian cultural values; some inconsistent studies with the Western context suggest that an authoritarian parenting style does not always link to poor child development (Das, 2022; Yim, 2022; Haslam et al., 2020). Therefore, this gap underscores the need for further exploration to better understand how parenting style influences young adults' emotional

regulation ability within Malaysia's unique culture, so that preventative strategies can be taken to ensure their mental health and well-being.

However, research on childhood traumatic experiences in Malaysia tends to focus more on external outcomes, such as academic performance and self-destructive behavioural issues (Attalla & Rome, 2020; Yeo & Chan, 2020; Zin & Irwandi, 2022). Also, the research on childhood traumatic experiences and their influence on the development of emotion regulation skills remains underexplored. There are only limited studies regarding the specific impact of such traumas on young adults' emotion regulation, even when studying its adverse impact on mental health issues (Perveen, 2021; Rehman & Javaid, 2024; Azaf et al., 2022). This gap hampers the efforts to understand the mechanism and design targeted interventions for young adults struggling with the emotional fallout of childhood trauma.

Research Questions

There are three questions were developed that needed to be answered in the current study, which include:

1. Do parenting styles (authoritative and authoritarian parenting styles) predict emotion regulation among young adults in Malaysia?
 - 1a. Does the authoritative parenting style positively predict emotion regulation among young adults in Malaysia?
 - 1b. Does the authoritarian parenting style negatively predict emotion regulation among young adults in Malaysia?
2. Do childhood traumatic experiences negatively predict emotion regulation among young adults in Malaysia?

Research Objectives

The following are the research objectives of the current study:

1. To identify the relationship between different parenting styles (authoritative, authoritarian) and emotion regulation among young adults in Malaysia

1a. To identify whether authoritative parenting style significantly predicts emotion regulation in Malaysian young adults

1b. To identify whether authoritarian parenting style significantly predicts emotion regulation in Malaysian young adults

2. To identify whether childhood traumatic experiences significantly predict emotion regulation among young adults in Malaysia

Hypotheses

H1: Parenting styles (authoritarian and authoritative) predict emotion regulation among Malaysian young adults

H1a: Authoritative parenting style positively predicts emotion regulation among young adults in Malaysia

H1b: Authoritarian parenting style negatively predicts emotion regulation among young adults in Malaysia

H2: Childhood traumatic experiences negatively predict emotion regulation among young adults in Malaysia

Significance of Study

The significance of the current study lies in its potential to offer valuable insights into the factors shaping emotion regulation among young adults in Malaysia. By examining the influence of parenting styles and childhood traumatic experiences, this research addresses a critical gap in the literature, particularly within the Malaysian cultural context. The findings will enhance the theoretical understanding of emotion regulation and provide practical guidelines for designing culturally relevant parenting interventions and trauma-informed practices.

Furthermore, this study holds particular relevance for understanding dynamics within the parent–child relationship. Gaining insight into how parenting styles and early traumatic experiences influence emotional regulation in adulthood can guide parents in adopting more informed and empathetic caregiving practices. These approaches may, in turn, shape children's perceptions and reactions within the parent–child relationship, contributing to more enduring relational harmony.

This study can also guide the development of parenting workshops and counselling strategies for trauma-informed practices for psychologists and social workers in Malaysia, aimed at fostering healthier emotion regulation among young adults. Parenting style and childhood trauma manifest differently across cultural contexts due to variations in parenting practices, community support, and societal attitudes. In Malaysia, where collectivist values and family ties are deeply ingrained, by focusing on young adults in Malaysia, the study may provide a culturally nuanced perspective that acknowledges the interplay between traditional values, parenting practices, and mental health. This may help to develop culturally sensitive approaches to intervention and recommendations within the Malaysian cultural framework.

The primary beneficiaries of this research include young adults, parents, educators, mental health professionals, and policymakers. By identifying predictors of emotion regulation, the study aims to empower these stakeholders with evidence-based strategies to improve emotional well-being. Ultimately, this research has the potential to improve the emotional and psychological resilience of young adults in Malaysia, fostering a healthier and more emotionally balanced society.

Conceptual Definitions

Parenting Styles

Parenting styles are defined as a combination of parental attitudes, practices and behaviours toward children, and the emotional climate in which parental behaviours are

expressed (Darling & Steinberg, 1993; Laible et al., 2019). There are two types of parenting styles included in the current study: Authoritative parenting and Authoritarian parenting.

Authoritative parenting style

In addition to offering their children warmth and support, authoritative parents also set clear guidelines and enforce them consistently. (Baumrind, 1991).

Authoritarian parenting style

Authoritarian parenting is characterised by high demands and low responsiveness to children (Baumrind, 1971; Baumrind et al., 1967).

Childhood Traumatic Experiences

Childhood Traumatic Experience is defined as unpleasant experiences that occur during childhood, such as physical, emotional, and sexual abuse, as well as neglect (Bernstein et al., 1997).

Emotion Regulation

Emotion Regulation is defined as an individual's ability to identify, manage and respond to an emotion appropriately in different situations (Kadović et al., 2022).

Furthermore, it can be characterised as a mechanism through which individuals can alter the duration or intensity of their emotions in reaction to external stimuli. (Aldao and Plate, 2018).

Operational Definitions

Parenting Styles

In the current study, authoritative and authoritarian parenting styles are measured by a modified 30-item Parenting Style Questionnaire, a scale developed by Robinson et al. (1995). There are three sections, including authoritarian, authoritative and permissive parenting styles. The scores range from 'never' to 'often' on a 6-point scale. At the end of each section, the scores are added together and divided by the number of questions in that section. The

calculated score is your total score in that category. Those with the highest scores demonstrate a preference for a particular parenting style.

Childhood Traumatic Experiences

In the current study, childhood traumatic experience is measured by The Childhood Trauma Questionnaire – Short Form (CTQ-SF) (Bernstein et al., 2003). It comprises 28 items, 25 of which assess childhood maltreatment in total. It covers five items in five types of childhood maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. There are three items to measure minimisation or denial. The scoring range is from 1 (*never true*) to 5 (*very often true*). Thus, higher total scores on the CTQ-SF indicate severe childhood maltreatment for that subscale.

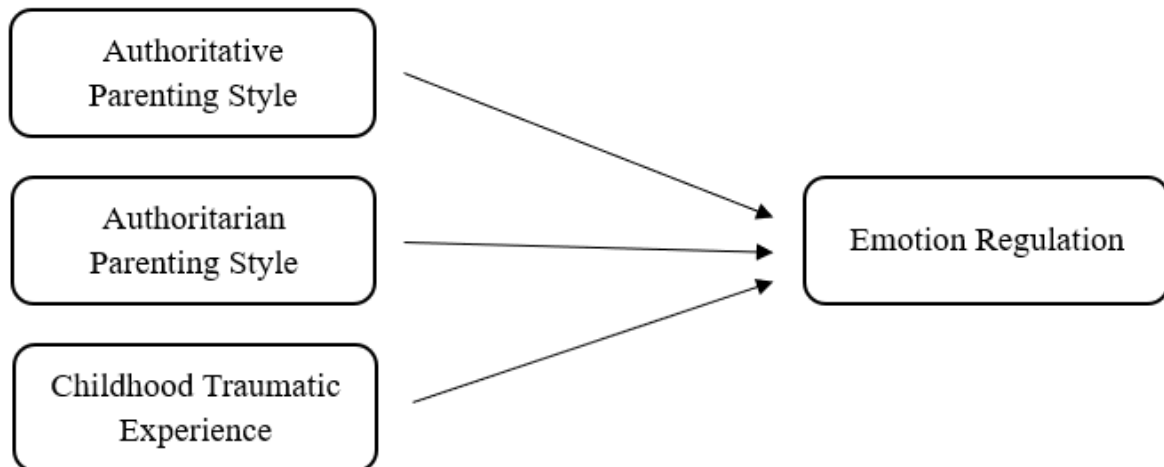
Emotion regulation

In the current study, emotion regulation is measured by the Difficulties in Emotion Regulation Scale -16 item version (DERS-16) developed by Bjureberg et al. (2015). It was a revised short version based on the original 36-item Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2004). The DERS-16 assesses five aspects of difficulties in emotion regulation, including non-acceptance of emotional responses, difficulty engaging in goal-directed behaviour, impulse control difficulties, limited access to emotion regulation strategies and lack of emotional clarity. The respondents assessed through the 5-point Likert scale, which ranges from 1 (*almost never*) to 5 (*almost always*). Higher scores indicate more difficulty in emotion regulation or higher levels of emotional dysregulation.

Conceptual Framework

Figure 1

Conceptual framework of the current study, “Authoritative Parenting Style, Authoritarian Parenting Style, and Childhood Traumatic Experiences as Predictors of Emotional Regulation”.



Chapter II

Literature Review

The purpose of this literature review is to explore parenting styles (authoritative and authoritarian) and childhood traumatic experiences as predictors of emotion regulation among young adults in Malaysia. Specifically, this section will first define and interpret the key variables of the current study: authoritative parenting style, authoritarian parenting style, childhood traumatic experiences, and emotion regulation. Additionally, it will provide a detailed examination of the relationships between these variables, drawing upon findings from previous studies. Finally, the theoretical framework and conceptual framework guiding the current study will be discussed.

Definition of Variables

Authoritative Parenting Style

Authoritative parenting indicates a supportive and nurturing bond between parents and their children (Sanvictores & Mendez, 2022). Authoritative parents establish explicit expectations and standards while demonstrating the rationale for their disciplinary measures; they employ disciplinary tactics as a supportive mechanism rather than as a form of punishment (Hussain et al., 2023). A study found that an authoritative parenting style develops social-emotional development in children, and it has a significant positive effect on emotional regulation (Newman, 2017). Moreover, authoritative parents are more inclined to deliver good and socially appropriate emotional responses to challenging circumstances and offer adaptive emotional guidance, making them ideal candidates for fostering children's self-regulation (Frankel et al., 2012). The positive response from caregivers when facing upsetting situations serves as a role model for children to manage their emotions. Other than that, warm parenting demonstrates that parents can recognise and address their children's needs promptly and sensitively, offering ample love, support, and understanding (Yao et al., 2022).

Authoritarian Parenting Style

Authoritarian parenting style, in contrast to the authoritative parenting style, is often defined as a high-demand, low-responsiveness approach. Parents who adopt an authoritarian parenting style typically display minimal warmth, expect strict obedience without providing explanations for their instructions, and often rely on punitive measures when their children make mistakes (Wan & De Vries, 2023). This parenting style is also referred to as control-oriented discipline, as it reflects a lack of sensitivity to children's needs. Authoritarian parents often hinder their children from taking responsibility for their actions by setting excessively high standards and imposing rigid expectations. They also tend to enforce control over their children to fulfil their purposes, even compelling them to engage in activities they dislike. Children raised in authoritarian households tend to exhibit dependency on their parents, especially among daughters and are more likely to be submissive, less socially proficient, less confident, less intellectually curious, and less committed to achieving success compared to children raised in authoritative households (Dalimonte-Merckling & Williams, 2020).

Furthermore, children subjected to authoritarian parenting may experience lower self-esteem (Jadon & Tripathi, 2017), which can fundamentally lead to various mental health problems (Henriksen et al., 2017). This aligns with the study of Uji et al. (2014), which conducted a study involving 1,320 adults and found that authoritarian parenting styles were associated with negative mental health outcomes later in life, including increased symptoms of psychological distress, impaired life functioning, and reduced psychological well-being. In a word, while authoritarian parenting may achieve short-term obedience, it often interferes with healthy child development, suppressing emotional expression and hindering social, cognitive, and emotional growth, which can have long-lasting effects on mental health and well-being.

Childhood Traumatic Experiences

Caregivers not only meet a child's survival needs but also need to foster a safe and nurturing environment for the child to grow up. During child development, caregiver responsiveness and sustained emotional availability promote children's emotional resilience and interpersonal skills (Garner et al., 2019). However, when children are exposed to childhood traumatic experiences such as neglect, physical abuse, emotional abuse, or sexual abuse, their developmental trajectory of emotional regulation is often disrupted (Harms et al., 2019).

Childhood traumatic experiences take many forms, each of which can have a strong impact on a child's emotional and psychological development. Physical abuse is a physical action that harms a child and causes some level of tissue injury, it can appear as biting, burning, shaking, and striking (Gonzalez et al., 2023). On the other hand, emotional abuse is defined as verbal hostility that undermines the well-being of the child or any actions that shame or intimidate the child (Dye, 2019).

Child sexual abuse refers to the participation of a child or adolescent in sexual acts that they do not fully comprehend, such as exhibitionism, fondling, oral-genital contact, and rectal or vaginal penetration (Melmer & Gutovitz, 2019). According to UNICEF (2024), 1 in 8 female may experience sexual assault before age of 18. However, male are also at risk of sexual abuse, studies believed that the current phenomena of underreporting numbers among male victims may be due to the felt stigma, which is the fear of being accused as weak or homosexual (Rechenberg et al., 2024).

Furthermore, neglect is less visible when the caregiver fails to provide necessary emotional support (e.g., absence of communication and ignoring children's emotional needs such as love, motivation, caring and support) and physical support (e.g., adequate food, shelter, clothes, medical and education) (Quinones et al., 2022). Not only that, childhood

traumatic experience can also be defined as direct exposure to or witnessing actual death, death threats, serious injury, or sexual violence during childhood. Therefore, childhood trauma experiences are found to have a profound impact on a person's development (Perveen, 2021). These negative impacts are aligned with multiple studies that believe that childhood traumatic experiences bring enduring negative impact on an individual's emotion regulation, especially lowering the use of cognitive reappraisal (adaptive coping strategies) and increasing the use of expressive suppression may be detrimental to mental health (Ion et al., 2023; Kumar, 2023; Weissman et al., 2019).

Emotion Regulation

As an umbrella term, emotional regulation refers to a variety of strategies that individuals can employ to deal with and respond to the experience of emotion (Gross, 2013). In simpler terms, emotion regulation encompasses the ability to manage emotional experiences effectively, ensuring that emotions are appropriate to the context and do not overwhelm an individual (Stana Pačarić et al., 2019). Additionally, there is a three-stage model of emotion regulation: identification, selection, and implementation. It provides a practical framework for understanding the emotion regulation process. This model is further extended by the original process model of emotion regulation which included 5 stages: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross, 1998) due to the emergence of emotional regulation choice and flexibility, emotional goals, or contextual demands of emotion regulation have emerge within emotion regulation research.

The first stage of the extended process model of emotion regulation, identification, focuses on recognising emotions and the need to regulate them (Schnabel et al., 2022). Emotional awareness plays a critical role here, as it allows individuals to assess whether their emotional response aligns with situational demands or personal goals (Wilms et al., 2020).

For instance, identifying frustration in response to a challenging situation is the first step toward addressing it constructively.

The second stage, selection, involves choosing appropriate regulation strategies. Available strategies are assessed based on perception and are evaluated in terms of the resources available, the intensity and nature of the emotion, and the potential costs and benefits associated with each strategy (Schnabel et al., 2022). These strategies can be adaptive, such as cognitive reappraisal or problem-solving (Alawadhi et al., 2022), or maladaptive, such as suppression or rumination (Compas et al., 2017). These strategies have different effects on individuals. Adaptive and functional regulation strategies are associated with positive affect, subjective happiness, life satisfaction, resilience, and reduced dysphoric feelings (Alawadhi et al., 2022). However, using a maladaptive emotion regulation strategy to regulate these negative emotions could result in more frequent aggressive behaviour (Navas-Casado et al., 2023).

The final stage, implementation, involves successfully implementing the emotion regulation strategy that affects the emotion itself (Gross, 2015). To summarise, the three-stage model highlights the importance of emotional regulation as a dynamic process that involves recognising, selecting, and implementing strategies to align emotions with personal goals and environmental demands. This ability not only affects the immediate emotional experience but also has broader implications for psychological well-being and behaviour, serving as a foundation for mental health and resilience.

In addition, emotional regulation can determine internal well-being or external behaviour. For instance, people with adaptive emotion regulation can improve happiness, task performance, and other positive behavioural results (Katana et al., 2019) while emotion dysregulation or difficulty in regulating emotion positively correlated with psychological and behavioural problems such as anxiety, addiction, and depression (Preston et al., 2021;

Skymba et al., 2020). Obviously, emotional dysregulation is always associated with mental health issues and different psychopathologies (Gross & Jazaieri, 2014; Sheppes et al., 2015). Conversely, individuals with higher emotion regulation ability might lead to higher well-being (Côté et al., 2010), which indicates that individuals are less likely to have mental health issues such as depression, anxiety, etc. Research indicates that individuals with strong emotional regulation skills are better equipped to handle stress, adapt to change, and develop self-confidence, contributing to overall psychological resilience (Aldao et al., 2010).

Relationship between the Independent Variables (IV) and the Dependent Variable (DV)

Authoritative Parenting Style and Emotion Regulation

According to Lanjekar et al. (2022), emphasised that parenting style is a pivotal factor in influencing a child's development, particularly their capacity for emotional regulation. The authoritative parenting style is often defined as the warmest parenting style and will lead to a positive outcome for children (i.e. adaptive emotion regulation). Most of the previous studies found that an authoritative parenting style is positively predicted or correlated with emotion regulation among adolescents (Jabeen et al., 2013; Nyoni, 2024; Haslam et al., 2020; Nur Afrina Rosharudin et al., 2023). These findings are in line with the hypotheses in the current study, “Authoritative parenting style is positively predicting emotional regulation”. That being said, individuals who receive an authoritative parenting style are more likely to be effective and adaptive to emotional regulation. Similarly, a low level of authoritative parenting style will lead to difficulty in emotional regulation or emotional dysregulation.

Yao et al. (2022) showed that a warm parenting style is associated with a higher level of emotion regulation than an overprotective parenting style in Chinese university students. With a warm parenting style (also known as authoritative parenting style), parents tend to give children a greater sense of autonomy, which fosters positive emotions in children (Froiland, 2013; Yao et al., 2022). This parenting approach frequently fosters the

development of positive attributes in children, such as self-reliance, self-discipline, and independence (Lavrič & Naterer, 2020). Additionally, the open communication and supportive environment promoted by such parents enhances children's emotional recognition skills (Roy & Giraldo-García, 2018). Another study also highlighted that children who receive this parenting style tend to excel in emotional expression, as they feel safe in sharing their emotions and thoughts without the fear of harsh punishment (Nyoni, 2024). From these studies, an authoritative parenting style encourages their child to solve problems independently, which can lead to a strong ability to regulate emotions.

Besides, the act of regulating one's emotions simply implies that the person is applying emotion regulation strategies to cope with negative emotional experiences (McRae & Gross, 2020). Research suggests that individuals raised with an authoritative parenting style are more likely to adopt adaptive emotion regulation strategies, as opposed to maladaptive ones, such as expression suppression. For instance, Das (2016) found a significant positive correlation between cognitive emotion regulation and authoritative parenting style among Indian young adults. This suggests that authoritative parenting promotes the use of adaptive emotion regulation strategies, thereby improving an individual's overall capacity to manage and regulate emotions effectively.

Authoritarian Parenting Style and Emotion Regulation

The authoritarian parenting style differs significantly from the authoritative style. Parents adopting an authoritarian approach are often insensitive to children's needs and sometimes even use punishment (Chen, 2022). This style of parenting can significantly influence a child's developmental outcomes, particularly their ability to regulate emotions. For instance, Karreman et al. (2010) found that children raised in authoritarian households frequently face challenges with emotional recognition, as they do not receive the emotional support and validation commonly found in more nurturing environments. Furthermore, recent

studies showed that higher levels of authoritarian parenting were correlated with emotional dysregulation and higher behavioural problems (Haslam et al., 2020; Nur Afrina Rosharudin et al., 2023). These findings suggest that authoritarian parenting styles may hinder the development of healthy emotion regulation skills, making children more prone to difficulties in managing their emotions effectively.

On top of that, overprotective (authoritarian) parenting styles may pose risks to young individuals' emotional regulation, inhibiting the development of essential emotional regulation skills. This can lead to issues such as social anxiety and other negative psychological emotions that remain unresolved, contributing to emotional dysregulation (Skinner et al., 2005; Petegem et al., 2019). Another study mentioned that negative parenting invalidates adolescents' emotions and causes adolescents to be unaware of their emotional experience, unable to express emotion and feel uncertain (Morris et al., 2017), decreased social and emotional development (Fonseca et al., 2020), which is related to emotional dysregulation. This strict over-parenting can lead to difficulty in regulating emotions. Nyoni (2024) found that authoritarian parenting styles are associated with poor emotional regulation skills in children, emphasising the importance of parental support and structure for nurturing adaptive emotional reactions in children. According to Nathania et al. (2022), emotional regulation is comparatively less adaptive, with individuals more likely to rely on emotion regulation strategies such as suppression, rumination, self-blame, and blaming others. These types of strategies are considered maladaptive emotion regulation strategies. Therefore, an authoritarian parenting style will lead to their child using maladaptive emotional regulation strategies, which aligns with the study that showed the authoritarian parenting style is positively related to suppression (Muhammad & Aminuddin, 2022; Ha & Jue, 2018), which represents poorer emotion regulation.

Nevertheless, a recent study reported that overprotective parenting styles have a weak but significant positive direct relationship with emotion regulation among undergraduate students in China (Yao et al., 2022). This means that the authoritarian style leads to better ability to regulate emotion among students, although the relationship is low. This finding appears to contradict earlier studies that associated overprotective parenting styles with poor emotion regulation (Ha & Jue, 2018; Nyoni, 2024; Petegem et al., 2019). Therefore, based on these findings, it is important to acknowledge the possibility that the findings of the present study might deviate from the initial hypotheses. This discrepancy could be attributed to the influence of other potential confounding variables that may have affected the results. Further study is needed to examine these factors in greater depth and offer a more thorough understanding of the connection between authoritarian styles and emotion regulation.

Childhood Traumatic Experiences and Emotion Regulation

Several studies have empirically examined that there is a significant correlation between childhood traumatic experience and emotion regulation (Gorgi et al., 2019; Kumar, 2023; Hopfinger et al., 2016). According to Dvir et al. (2014), childhood maltreatment can significantly decrease emotion regulation and is a significant factor contributing to emotional dysregulation, they found out that girls who are exposed to sexual abuse demonstrate a lower ability to comprehend and manage negative emotions such as sadness and anger and had fewer skills for managing their emotions in healthy ways. Research indicates that emotional abuse was the most significant predictor of emotional dysregulation, while childhood sexual and physical abuse are also closely associated with difficulties in regulating emotions (Burns et al., 2010). This aligns with Linehan's (1993) biosocial theory, which suggests that an invalidating environment indicates that caregivers or others disregard, discourage or punish the child's feelings or their ability to deliver their emotions is categorised as emotional abuse. When the child's emotional expression is inadequately validated, it encourages them to

suppress negative emotions. This can lead the child to question their ability to accurately identify emotions and to attribute their emotional experiences to socially unacceptable characteristics or perceived deficiencies in personality traits (Meng et al., 2024).

Childhood trauma can contribute to the development of insecure attachment and maladaptive emotion regulation, and as a result emergence of borderline personality disorder features (Gruhn & Compas, 2020). Victims who experience abuse or neglect in childhood may fail to acquire coping and emotional regulation strategies to prevent the development of psychosocial problems. Moreover, recent evidence indicates that childhood maltreatment affects brain development trajectories, impacting sensory systems, network architecture, and circuits related to threat detection, emotional regulation, and reward anticipation (Teicher et al., 2016). In other words, childhood maltreatment is a neurodevelopmental risk factor that impacts brain development and affects emotional regulation. According to Perveen and Thai (2021), research in Malaysia, the study found that childhood trauma affects the ability to regulate emotions in response to any stress. Furthermore, persons who have been through a traumatic experience are more likely to engage in maladaptive coping mechanisms when confronted with difficult emotions (Dvir et al., 2014). These individuals are more likely to suffer from depression as well as other psychiatric diseases, such as personality disorders, substance abuse disorders, eating disorders, and mood disorders, amongst others.

Theoretical Framework

Social Cognitive Theory

The Social Cognitive Theory (SCT) was developed by Albert Bandura (1986) as an evolution of his Social Learning Theory (1975), which emphasises the dynamic interaction between personal factors, environmental influences, and behaviours (Koutroubas & Galanakis, 2022). The Social Cognitive Theory also points out the important role of observational learning, self-efficacy and reciprocal determinism in the development of

emotional regulation, particularly in the context of parenting styles and childhood traumatic experiences, as this theory puts a sight onto individual's past experiences which might be a reason that shapes current behaviours (Schunk & DiBenedetto, 2023; LaMorte, 2022).

Parenting styles, particularly authoritarian and authoritative, are two distinct approaches in childhood caregiving which can influence the cognitive development and emotional regulation ability of children through the process of observational learning. Authoritative parenting style, which emphasises the balance of rules, warmth and responsiveness, is always supportive towards their children and models good problem-solving skills (Mohamed & Elkiat, 2020). This consistent modelling of healthy interactions and emotional validation equips children with adaptive emotional regulation strategies throughout their lifetime development.

Children experiencing authoritarian parenting styles are always exposed towards low emotional warmth and aggressive communication styles (Vasiou et al. 2023). Through observational learning, young adults with such interactions during childhood will model the behaviours of their parents, which provides a cold/punitive response when there are problems or using aggression in their interactions. By emulating suppressive behaviours or intense emotional reactivity from their parents, they might develop a maladaptive coping mechanism in their later adulthood, including emotional regulation difficulties, externalising and internalising problems, adjustment difficulties, and social skills (Chung et al., 2019).

Childhood trauma also further explains the difficulties of emotional regulation and experience. Studies believe that individuals who endure childhood traumatic experiences may also develop violent or maladaptive coping mechanisms in early adulthood (Salo et al., 2021). For example, a child who experiences abuse or neglect (substance use of parents) from their parents might interpret these behaviours as ways for their parents to regulate their stress. Through social learning, the child may observe and internalise these maladaptive emotional

responses as emotional coping strategies when facing stressful life events, including aggression, withdrawal and escape.

Other than that, the framework of Social Cognitive Theory also introduced the pivotal concept of self-efficacy, which is an individual's belief in their ability to execute certain behaviours to achieve specific outcome expectations (Bandura, 1977). An authoritative parenting environment, which provides children with a supportive framework to explore, express, and solve problems, will increase their sense of self-efficacy, control, and competence (Hayek et al., 2022). This might help individuals in their later adulthood to develop adaptive emotional regulation skills, as they are confident and flexible in understanding their own emotions, navigating stress, and managing emotional responses.

In contrast, authoritarian parenting style and childhood traumatic experiences might be detrimental towards self-efficacy and emotional regulation. As authoritarian parents are characterised as over-controlling and constantly criticising, children raised in these household interactions may develop low autonomy, low confidence, and fear of failure (Chen et al., 2022). Similarly, children who endure traumatic events might also experience toxic stress and helplessness as situations are always beyond their control. This toxic stress can further activate a prolonged maladaptive stress response system in their lifetime, such as withdrawal, avoidance, and suppression (Satrio et al., 2024; Nelson et al., 2020). This is said that the prolonged agony of toxic stress and sense of helplessness has led them to have lower belief in their ability to manage emotional and environmental stressors effectively.

Moreover, reciprocal determinism as a central principle of Social Cognitive Theory emphasises the dynamic and reciprocal interaction between personal factors, environment, and behavioural responses (Chai & Ye, 2024). In the context of parenting styles and childhood traumatic experiences, it has illustrated a continuous cycle of how an early caregiving environment has shaped a child's emotional regulation ability, and how the child's

emotional response in turn influences the caregivers in their environment to subsequently treat the child. Therefore, this cyclical process helps explain the reason why certain patterns of emotional regulation persist or evolve across developmental stages till adulthood (Schiavo et al., 2019).

In an authoritative parenting environment, as stated before, parents who provide warmth and support foster an environment for children to be more confident and capable of engaging in adaptive emotional regulation strategies. Studies showed that this approach promotes children's adherence when facing life events, compliance, cooperation, and responsibility (Lanjekar et al., 2022). The nature of reciprocal determinism theory then ensures that the children's positive emotional responses can be reinforced by the parents and further enhance positive treatments by them. This is said as positive behaviours from children might be beneficial for the parent-child relationship, which will further encourage parents to continue to provide positive support for children, creating a cycle that strengthens children's adaptive emotional regulations over time. This feedback loop is supported by a study which indicates that this bidirectional relationship fosters a lasting impact on individuals' emotional development and a continuous process of emotional regulation learning that is both influenced by children's behaviour and caregivers' actions (Wang & Gai, 2024).

While authoritarian parenting style, which is characterised by low emotional warmth and rigid discipline, may struggle with emotional regulation due to a lack of validation. Studies believe that children in authoritarian caregiving environments will either choose to suppress their emotions or heighten their reactivity to act as an emotional coping strategy, which is more maladaptive (Nathania et al., 2022; Wang et al., 2022). For example, children in this caregiving environment might restrain themselves from expressing or be proactively rebellious (Bai & Luo, 2024; Ghosh, 2021). Therefore, in turn, the parents will respond in a harsher, stricter, and colder way to control their children's behaviour. This feedback loop will

also further provoke maladaptive emotional regulation learning, which may cause persistent emotional regulation challenges in adulthood.

Lastly, when considering the role of childhood traumatic events, abuse or neglect by caregivers might lead children to use maladaptive coping mechanisms such as hypervigilance or emotional withdrawal as a way of facing hostile or unpredictable environments (Gupta, 2023; Uyan et al., 2022). However, in the lens of reciprocal determinism, these actions might also, in the same way, perpetuate more negative outcomes due to the continuous interaction between person, environment, and behaviours. For example, a child who uses hypervigilance as a coping mechanism to detect potential threats can be seen by parents as defiance or aggression and respond with harsher and punitive actions. Children who choose emotional withdrawal as a mechanism to minimise exposure to harm might be interpreted by parents as rebellious or alienated, which causes caregivers to reduce emotional engagement as a response. Subsequently, through these responses, the child might further entrench the sense of threat and rejection by parents and confirm the usage of emotional withdrawal coping mechanisms throughout the lifetime development process.

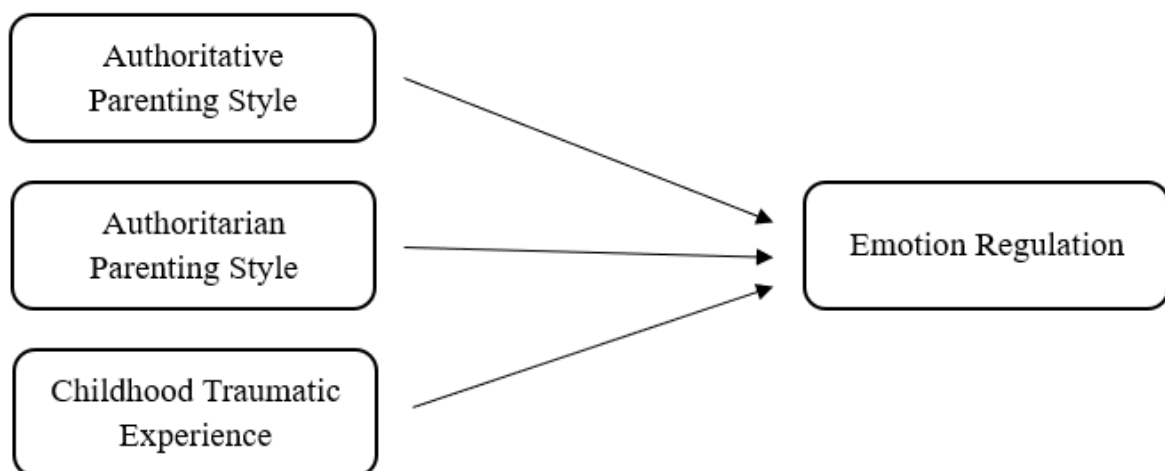
Conceptual framework

The above figure shows the conceptual framework of the current study. In the current study, the dependent variable is emotion regulation, while the independent variables are authoritarian parenting style, authoritative parenting style and childhood traumatic experiences. In this conceptual framework, it is hypothesised that the three independent variables are associated with the dependent variable. The hypothesis stated that an authoritative parenting style significantly positively predicted emotion regulation among Malaysian young adults. On the other hand, authoritarian parenting style and childhood traumatic events are hypothesised to negatively predict emotion regulation among Malaysian young adults.

This conceptual framework underscores the pathways through which parenting styles and early-life experiences influence emotion regulation. It provides a basis for exploring the intricate dynamics of these factors and their impact on emotional outcomes. By investigating these relationships, the study seeks to contribute to the development of effective parenting strategies and interventions designed to foster healthier emotion regulation in young adults, particularly within the Malaysian cultural context.

Figure 2

Conceptual framework of the current study, “Authoritative Parenting Style, Authoritarian Parenting Style, and Childhood Traumatic Experience as Predictors of Emotion Regulation”.



Chapter III

Methodology

Research Design

The current study was quantitative research that was used to collect and analyse the data obtained numerically to answer current research questions. Through mathematical or statistical methods, quantitative research provides insight into explaining the phenomena of certain associations between different constructs, as well as testing the theories against the real world (McCaffrey, 2023). In this context, quantitative research was needed to apply in the current research as it can analyse the associations between the variables (authoritative parenting style, authoritarian parenting style, childhood traumatic experiences, and emotional regulation). It also helps in testing the existing theory, which is the Social Cognitive Theory in the current study.

Furthermore, a correlation design was also conducted in the current study. A non-experimental correlational design uses statistical analysis to examine the relationship between two or more variables (Shao et al., 2022). As researchers could not manipulate any of the variables, a correlation design does not examine the cause-and-effect relationship, but it examines the strength and direction of multiple variables in a group (Devi et al., 2022). In this context, a correlation is suitable to use as it can examine whether different parenting styles and childhood traumatic experiences have a positive or negative predictive relationship with emotional regulation, as well as the strength of the correlation between them.

At the same time, the cross-sectional design for the survey was adopted in the current study as it can describe the features of a population or the disparities between two or more groups at a set of periods (Daniels, 2011). This research design is commonly employed to obtain descriptive information and examine associations among variables (Aggarwal & Ranganathan, 2019). Unlike longitudinal research design, cross-sectional studies do not

consist of tracking individuals across time, the data are only collected from research participants one time at a point (Baker & Siryk, 1984). This has minimized the ethical difficulties, time constraints, and cost consumed (Wang & Cheng, 2020) and is relatively easy to conduct. The cross-sectional design provides a snapshot of the variables under study, offering valuable insights within the scope of the research objectives.

Therefore, primary data, which refers to data that was collected originally from the researchers (Ajayi, 2023), was collected in the current study through online surveys. The data of four variables in the current research were collected through self-report of four scales, which included the Parenting Style Questionnaire, the Childhood Trauma Questionnaire – Short Form (CTQ-SF), and the Difficulties in Emotional Regulation Scale – 16-item version (DERS-16).

Research Participants

The selection of research participants was aligned with the current study's objectives and the study's criteria. There were 145 participants collected and included in the current study. All participants came from various racial backgrounds, including Chinese, Malay, Indian, and others (Siam) in Malaysia. This study encompassed young adults who were employed, unemployed, and students. Since the study only focused on young adults in Malaysia, all 145 participants fell within the age range of 18 to 29 years, which met the inclusion criteria of the current study. In addition, this study also reported that the largest proportion of the race groups, education levels, and age ranges in this study was the Chinese, university students and those who were 22 years old. These selection criteria helped to ensure that the data collected is representative of the target population, thereby enhancing the validity and reliability of the study outcomes.

Procedures of Sampling

Method of Sampling

The sampling methods used for the current study were convenience sampling and snowball sampling, which were non-probability sampling methods. The convenience sampling method is a type of sampling method that can be used in quantitative studies, and it allows researchers to quickly gather responses as the samples are readily available and they can have access to them, particularly through online platforms and physical approaches (Golzar et al., 2022). In this study, the online questionnaire was shared with the link or QR code through social media such as Instagram and Facebook, which makes it easy to achieve the proposed sample size. This method is advantageous in reducing cost and saving time, and it consumes less effort to obtain a large sample size.

As it is known, this sampling technique has several drawbacks, such as self-selection bias and non-coverage (Golzar et al., 2022), but snowball sampling was also used to further broaden the participant pool. The current study encouraged the initial participants who were approached individually to refer more participants who met the inclusion criteria, such as sharing with the participants' surrounding people (friends and relatives). Particularly, participants from populations that researchers are not able to easily access through convenience sampling alone (Pasikowski, 2024).

Location of Study

The present study was administered online, targeting participants across various states in Malaysia, including Kampar, Terengganu, and Kuala Lumpur. The survey link and poster (see Appendix C) were disseminated via online platforms such as Microsoft Teams, Facebook, Instagram, and Xiaohongshu. Furthermore, the survey link and QR code were shared with individuals who met the study's inclusion and exclusion criteria through social

networking applications such as WhatsApp and WeChat. In addition, participants were also recruited in person around the Universiti Tunku Abdul Rahman (UTAR) Kampar campus.

Sample size, Power, Precision

Sample Size Calculation

The sample size for this study was determined to ensure adequate statistical power for analysing the relationship between the predictors and the dependent variable. Using G*Power 3.1.9.4 software, the required sample size was calculated for multiple linear regression analysis. According to Kang (2021), G*Power is widely recognised for its ease of use and effectiveness in estimating sample sizes and performing power analyses of various statistical methods (F, t, χ^2 , Z and exact tests). In the current study, the formula $f^2 = \frac{R^2}{1-R^2}$ was used to calculate the effect sizes of the predictors. With reference to a previous study by Jernigan (2021) and Gaelle et al. (2023) respectively, the calculated effect size of the authoritative parenting style was .0025, the authoritarian parenting style was .0036, and the childhood traumatic experience was .3762. Furthermore, the average effect size calculated in the current study is .1274 (see Appendix A). Additionally, the average effect size is inserted into G*Power and includes three predictors at a suggested significance level of 0.05 (Cohen, 1988). Using these parameters, the software showed that a minimum of 139 participants (see Appendix B) would be needed to provide adequate statistical power for this study. In summary, the proposed sample size for this study was 139 participants, as determined using G*Power software, ensuring sufficient power to evaluate the relationships between predictors and the dependent variable.

Data Collection Procedures

Inclusion and Exclusion Criteria

To ensure the collection of relevant data for the current study, participants were selected based on specific inclusion and exclusion criteria. Firstly, the inclusion criteria are outlined below:

1. The research participants must be Malaysian.
2. The research participants are between 18 and 29 years old.
3. The research participants can understand and respond to the questionnaire in English.
4. The research participants read and agree to the informed consent form, voluntarily participating in the study.

By adhering to these inclusion criteria, the study aimed to ensure that the findings of the current study accurately represent the emotion regulation abilities of young adults in the Malaysian context, as well as the relationship with the three independent variables: authoritative parenting style, authoritarian parenting style, and childhood traumatic experiences. These criteria helped establish a focused and relevant participant group, allowing for more reliable and context-specific insights into how these variables interact. Furthermore, the inclusion criteria served to filter out factors that may not align with the study's objectives, thereby complementing the exclusion criteria detailed below. The research participants were excluded if:

1. They have gone through formal emotion regulation training from professional practitioners (i.e., counsellors) in recent times.
2. They have severe diagnosed psychological disorders or conditions.
3. They are part of the population for the pilot study.
4. They did not meet the inclusion criteria above

For the first exclusion criterion, research participants were excluded because these individuals may have already developed advanced emotion regulation skills through professional training, which could confound the research results. People who received any emotion regulation training will have a greater ability to regulate emotion, so it will be a confounding variable that leads to erroneous conclusions. Besides, the second exclusion criterion was developed because people who were diagnosed with mental disorders face challenges in comprehending and accurately responding to the informed consent and questionnaire (Humphreys et al., 2015). Gross and Jazaieri (2014) noted that many mental health conditions, including social anxiety disorder, antisocial personality disorder, borderline personality disorder, and depression, are characterised by difficulties in emotion regulation or emotion dysregulation. Additionally, participants who were part of the pilot study were also excluded. This exclusion is necessary because their prior involvement could influence their behaviour during the actual study (Cadete, 2017). Including these participants could introduce biases, as their emotion regulation abilities might be influenced by factors unrelated to the variables under investigation in the current study. To avoid these biases, all exclusion criteria were strictly followed in the actual study.

Informed Consent

The procedures for obtaining consent in this study followed ethical guidelines to ensure that participants were fully informed and voluntarily agreed to participate. Informed consent was obtained from all research participants in the online questionnaire survey prior to data collection of both the pilot and actual study. In the first section of the online form, participants were provided with a consent form outlining the study's purpose, their role, and the voluntary nature of their participation. The consent form informed participants about several key details, including the study's introduction, objectives, confidentiality matters, voluntary participation, their right to withdraw at any time without consequences, and the

contact information of the researchers (contact number and email address) for further inquiries. They were required to carefully read and review this information before proceeding. To indicate their consent, participants selected the "I have been notified and that I hereby understand, consented and agreed per UTAR's above notice" option in the consent section of the online form, signifying their understanding and voluntary agreement to participate. This process ensures that all participants are adequately informed and that their consent is documented in accordance with ethical research practices.

Data Collection Procedures

Ethical Clearance Approval. After the completion of Final Year Project I, an ethical clearance approval (see Appendix D) for the current study was applied from the UTAR Scientific and Ethical Review Committee through the research supervisor (Ms Teoh Xi Yao), the Head of the Psychology and Counselling Department (Mr Tay Kok Wei), and the Faculty Dean for the Arts and Social Science Faculty (Dr Lee Lai Meng). This process involved submitting the demographic information form (including nationality, age, gender, race, employment status, etc.) along with the lists of measurement scales: Difficulties in Emotional Regulation Scale – 16 item version (DERS-16), Parenting Style Questionnaire, and the Childhood Trauma Questionnaire – Short Form (CTQ-SF), for each variable for review.

Ethical clearance approval is crucial as it is a formal process to ensure that the research is conducted with high ethical standards. Obtaining ethical clearance approval confirms that the survey is appropriate to be used, and the potential research participants will be treated ethically and responsibly, but not be taken advantage of (WHO, 2021) before the commencement of data collection for both the pilot and actual study. In addition, the ethical clearance approval was applied for immediately and was officially obtained on 6th Jan 2025 (Re: U/SERC/78-425/2025), which allowed the data collection for the pilot study to begin.

Pilot Study. After obtaining ethical clearance approval, a pilot study was conducted (8th January 2025 to 16th January 2025) in order to ensure the methods and instruments used were appropriate before the commencement of the actual study. Firstly, an online questionnaire was created by using Qualtrics, consisting of the study objectives, a consent form, demographic information (including age, gender, employment status, and others), and scale items.

Three scales were included in the questionnaire: the Shortened Difficulties in Emotion Regulation Scale (DERS-16), the Modified Parenting Style Questionnaire (PSQ), and the Childhood Trauma Questionnaire – Short Form (CTQ-SF). Once the questionnaire was developed, it was distributed to the target population. According to Bujang et al. (2024), to account for a non-response rate of 20.0%, a minimum of 30 respondents will be required to ensure the questionnaire's reliability can be effectively assessed. Therefore, a total of 30 participants (friends and relatives, who could be easily recorded) were collected in the pilot study.

After data collection, the reliability of the instruments was analysed using IBM SPSS Statistics 26 software. In addition, the data collected from the pilot study indicated that all instruments used in the current study had a high degree of internal consistency, as Cronbach's alpha values were all higher than .70 (see Table 1, see Appendix E). According to Taber (2018), an alpha value of 0.70 is commonly regarded as an acceptable threshold for determining the reliability or internal consistency of an instrument, despite its somewhat arbitrary nature. Therefore, all the instruments used in the current study were considered reliable.

Actual Study. The actual study was carried out after the pilot study was performed, which assessed whether the instruments are appropriate based on their reliability. The procedure of the actual study is similar to the pilot study, but much time was spent collecting

data from a larger sample size compared to the pilot study. The online survey (Qualtrics) developed during the pilot study was shared with the research participants via a link and QR code, whether through social media platforms, such as Facebook, Instagram, and Xiaohongshu, or mobile applications such as WeChat, WhatsApp, and Microsoft Team, or directly at the Kampar campus of the Universiti Tunku Abdul Rahman University. Using social media to distribute the questionnaire to more target participants is easy and effective (Beam, 2023). Moreover, this questionnaire was also shared with the participants' surrounding people, such as friends and relatives who matched the criteria of the current study as target participants and requested them to help distribute the links or QR codes to their other friends.

Similar to the pilot study, data analysis was performed by using IBM SPSS Statistics software version 26 after completing the data collection from the actual study (achieving the proposed sample size of 139, which was calculated by G*Power). Finally, a total of 197 responses were collected throughout the entire data collection period, but only 145 responses were utilised in the analysis. In addition, the reliability of the instruments also demonstrated great internal consistency (see Table 1, see Appendix F). The findings addressed the research objectives and tested the hypotheses of the current study. Throughout the process, participant confidentiality was maintained, and all data were securely stored. The results from the actual study provided insights into emotion regulation and related predictors among Malaysian young adults.

Table 1*Instruments' Reliability Obtained from Pilot Study (n=30) and Actual Study (n=145)*

Variable	Number of Items	Cronbach's Alpha, α	
		Pilot Study	Actual Study
DERS	16	.895	.932
Authoritative Style Items	13	.932	.951
Authoritarian Style Items	13	.912	.923
CTQ-SF	25	.825	.856

Note. DERS = Difficulties in Emotion Regulation Scale, CTQ-SF = Childhood Trauma Questionnaire (CTQ) – Short Form.

Instruments

Difficulties in Emotion Regulation Scale - 16 item version (DERS-16)

The first scale used in the current study was the shortened version of the Difficulties in Emotion Regulation Scale -16 item version (DERS-16) developed by Bjureberg et al. (2015). It was a revised short version based on the original 36-item Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2004). The objective of developing DERS-16 is to create a brief, reliable and valid measurement to assess individuals' difficulties in regulating emotion across various dimensions. The DERS-16 assesses five aspects of difficulties in emotion regulation, including non-acceptance of emotional responses, difficulty engaging in goal-directed behaviour, impulse control difficulties, limited access to emotion regulation strategies and lack of emotional clarity. For instance, the "When I'm

upset, I feel guilty for feeling that way” item assesses the non-acceptance of emotional responses dimension. DERS-16 consists of 16 items rated on a 5-point Likert scale, which ranges from 1 (*almost never*) to 5 (*almost always*). Total scores range from 16 to 80. Scores were calculated by summing up the responses since there is no reverse item in the scale.

Furthermore, higher scores indicated greater difficulties in emotion regulation or higher levels of emotional dysregulation, while lower scores in this scale refer to greater emotional regulation. For ease of interpretation of the result, all items on this scale were reversed in the current study. It indicated that a higher score showed a greater ability to manage one’s emotions rather than difficulties in managing emotions. Furthermore, this modification was justified, as the use of this measure for assessing emotion regulation has been validated by several studies. Additionally, the reversal of scores to enhance interpretability has also been implemented in other research (Skutch et al., 2019; Burzler et al., 2018; Westerlund & Santtila, 2018). This scale demonstrated excellent internal consistency (Cronbach’s $\alpha = .92$), good test-retest reliability and good convergent and discriminant validity.

Parenting Style Questionnaire

First of all, this questionnaire (30 items) was a modified version of the parenting style and dimension questionnaire short version-32 items (PSDQ-short version) developed by Robinson et al. (2001), which was originally a parent-response questionnaire. The PSDQ-Short Version itself was derived from earlier versions of the Parenting Style and Dimension Questionnaire (PSDQ), comprising 133 and 62 items, as developed by Robinson et al. (1995, 2001). In the current study, a parenting style questionnaire (30 items), which was modified by Fabella (2022) from a parent-response version to a child-response version, will be used. This questionnaire comprises 30 items, including 13 items assessing authoritative parenting, 13 items evaluating authoritarian parenting, and 4 items measuring permissive parenting. For

instance, the item "My parent explains the reasons behind rules and expectations" reflects the authoritative parenting style.

However, the current study only used the authoritative and authoritarian parenting styles scales (26 items). The original PSDQ-Short Version reported excellent reliability and validity, with internal consistency scores of $\alpha = 0.86$ for authoritative parenting and $\alpha = 0.82$ for authoritarian parenting (Robinson et al., 2001). Additionally, the instrument has been validated across diverse cultural settings, including Brazil, India, and Indonesia, confirming its robust psychometric properties (Oliveira et al., 2018; Nanda & Sood, 2022; Rahmawati et al., 2021). The parenting style questionnaire (30 items) was considered valid, reliable, and applicable to this study as the original version, as only the perspective of the items has been adjusted, with minimal modifications to the content and phrasing of the items. In addition, the scores range from 'never' to 'always' on a six-point scale. Higher scores in a specific category indicate a stronger inclination toward that parenting style.

Childhood Trauma Questionnaire – Short Form (CTQ-SF)

The last scale used in the current study was the Childhood Trauma Questionnaire – Short Form (CTQ-SF), which was developed by Bernstein et al. (2003) and used to assess childhood traumatic experiences among young adults in Malaysia. This questionnaire was a shortened version of the 70-item Childhood Trauma Questionnaire (Bernstein et al., 1997), and it showed better psychometric properties than the original CTQ (Saini et al., 2019). Furthermore, it consists of 28 items, including 25 clinical items (maltreatment evaluation items) and 3 validity items.

The 25 clinical items used in the current study were to evaluate five types of childhood maltreatment, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, with five dedicated items for each subscale. For instance, the item "I thought my family wished I had never been born" assesses emotional abuse. Items are

rated on a 5-point Likert scale for abuse and neglect, ranging from 1 (*never true*) to 5 (*very often true*). The score for each subscale is the sum of its five items and ranges from 5 to 25. Furthermore, the items in emotional neglect (items 5, 7, 13, 19, 28) and physical neglect (items 2, 26) were reversed items. Except minimisation or denial are measured through three items to determine whether there was underreporting of trauma. The denial and minimisation scale scored from 0 (*none*) to 3 (*possible*). Additionally, higher scores on each subscale indicate higher levels of the corresponding type of child maltreatment (physical abuse, emotional abuse, sexual abuse, physical neglect and emotional neglect). In addition, this scale showed good internal consistency (Cronbach's $\alpha = .891$) and test-retest reliability across different dimensions (Badenes-Ribera et al., 2024).

Chapter IV

Results

This chapter examined the collected data through descriptive analysis and multiple linear regression. It also explored participants' demographic information using descriptive analysis. Using multiple linear regression, it investigated the predictive relationships among variables (authoritative parenting style, authoritarian parenting style, childhood traumatic experiences, and emotion regulation).

Descriptive statistics

Demographic characteristics

The demographic information of participants in the current study was reported (see Appendix G). It was found that 145 participants were involved in the current study. The age range of the participants was 18 to 28 years ($M = 21.366$; $SD = 1.678$), and all participants were Malaysians. Specifically, there were 2.1% ($n = 3$) of participants who were 18 years old, 8.3% ($n = 12$) who were 19 years old, 22.1% ($n = 32$) who were 20 years old and 21 years old, 27.6% ($n = 40$) who were 22 years old, 9.0% ($n = 13$) who were 23 years old, 3.4% ($n = 5$) who were 24 years old, 4.1% ($n = 6$) who were 25, 0.7% ($n = 1$) who were 27 years old and 28 years old. Consequently, the study's largest participants were those in their 22nd year ($n = 40$).

Furthermore, regarding gender, approximately 31.7% ($n = 46$) of the participants were male, which was less than 68.3% ($n = 99$) of female participants. Besides, most of the participants included in the current study were Chinese ($n = 139$; 95.9%), followed by Indian ($n = 4$; 2.8%), Malay ($n = 1$; 0.7%), and others (Siam, $n = 1$, 0.7%). Moreover, in the data about the employment status of the 145 respondents, roughly 95.2% of respondents were students ($n = 138$), and only 4.8% of participants were employed ($n = 7$). Additionally,

regarding the education level, 2.1% of participants were SPM/STPM/UEC students ($n = 3$), 15.9% ($n = 116$) were foundation or diploma students, 80% ($n = 116$) were undergraduate students, and the rest of the participants were from the post-graduate education level ($n = 3$, 2.1%).

Topic-specific characteristics

Table 2 below reports the descriptive statistics of the topic-specific variables, including emotion regulation ($M = 59.37$; $SD = 11.758$), authoritative parenting style ($M = 3.82$; $SD = 1.110$), authoritarian parenting style ($M = 2.64$; $SD = 0.994$), and childhood traumatic experiences ($M = 41.03$; $SD = 10.504$). The information about skewness and kurtosis of these four variables was discussed further in the following section (refer to assumptions of normality).

Table 2

Descriptive Statistics of Topic-Related Variables (i.e. Emotion Regulation, Authoritative Parenting Style, Authoritarian Parenting Style, and Childhood Traumatic Experiences)

	Emotion Regulation	Authoritative Parenting Style	Authoritarian Parenting Style	Childhood Traumatic Experiences
Mean	59.37	3.82	2.64	41.03
Median	62.00	3.85	2.54	39.00
Std. Deviation	11.758	1.110	0.994	10.504
Variance	138.249	1.231	.988	110.325
Skewness	-.799	-.111	.448	.892

Kurtosis	.486	-.718	-.296	1.112
Minimum	18	1.46	1	25
Maximum	80	5.92	5.31	83

Data diagnostics and missing data

Frequency and percentages of data cleaning

No missing data was found in the data collected in this study ($n = 0$; 0%).

Nevertheless, there were several inattentive or careless responses ($n = 38$; 19.29%) and invalid responses ($n = 14$; 7.11%) that were removed before proceeding to the statistical analyses. In the current study, attention checkers were used to identify participants who likely failed to engage meaningfully with the survey. In total, 38 respondents were found not to be paying attention to answering the questionnaire. Moreover, a total of 14 responses were identified as invalid because the participants did not fulfil the inclusion or exclusion criteria established for this study. These responses were excluded to avoid potential bias in the data analysis. After the data cleaning, the final sample size was reduced to 145, which achieved the required sample size of 139.

Methods employed for addressing missing data

Missing data were addressed by requiring the compulsory completion of all survey items (set in SPSS), thereby preventing respondents from proceeding to subsequent scales until every question was answered. This approach ensured complete response submission and eliminated missing data in the dataset.

Criteria for post-data collection exclusion of participants

In the current study, a total of 52 responses were not included in the collected data. Accordingly, the first criterion for exclusion after data collection was to eliminate inattentive or careless responses. Respondents who were not paying attention to the attention checkers inserted into each of the instruments were excluded. In the Difficulties in Emotion Regulation Scale -16 item version, the attention checker was placed at question 9, and it required respondents to answer “Sometimes”. It was found that 18 responses were not correctly answered. In the parenting style questionnaire, it was reported that 4 responses were not answered correctly in the attention checker of authoritative parenting items (question 7, choose 4). In comparison, 6 responses were not answered correctly for the attention checker of authoritarian parenting items (question 8, choose 5). Furthermore, 2 respondents did not pay attention to the Childhood Trauma Questionnaire – Short Form, which indicates that the attention checker question (question 15) was not answered correctly.

Additionally, 8 responses were categorised as inattentive responses because of the time spent completing the survey. Rapid responses often indicate guessing, which will introduce measurement error (Wright, 2019), while long-time responses also were removed as they spent more than 2 hours completing the survey, which already exceeded the ideal time spent (5 to 15 minutes) on the survey and determined that they did not pay full attention to the survey. Based on these criteria, a total of 38 participants were excluded due to inattentive responses to the survey.

Additionally, another 14 responses were also excluded as the participants failed to fulfil the inclusion criteria and exclusion criteria of this study. This included twelve respondents who did not agree to participate in this current study, which indicates that they chose the option “I disagree, my personal data will not be processed” in the survey, so they were directly removed. Moreover, one respondent who was 35 years old was removed due to

not fulfilling the inclusion criteria relevant to the age range required in this study (between 18 to 29 years old), while another respondent who came from Mongolia also failed to fulfil the inclusion criterion of being Malaysian and was eliminated.

Criteria for imputation of missing data

The strategies to address the missing data should align with the variable's measurement level. Specifically, ordinal-level variables typically warrant median substitution, while interval-level variables generally require mean imputation. However, in this study, no missing data were found in the dataset, and imputation of missing data was not performed.

Defining and processing of statistical outliers

Univariate outliers for emotion regulation, authoritative parenting style, authoritarian parenting style and childhood traumatic experiences were checked using a boxplot in SPSS (see Appendix H). A univariate outlier is a data point that consists of an extreme value on one variable (Doulah & Islam, 2019). According to the box plots, there were some outliers detected for the four variables of this study. Nevertheless, it was reported in the boxplot that there was an outlier (Case 129) on emotion regulation and (Case 9 & Case 38) on childhood traumatic experience. However, Cases 129 and 38 were retained in the study despite being identified as extreme values in emotion regulation and childhood traumatic experience scores. This decision was based on their compliance with the inclusion criteria: neither participant reported a history of psychological disorders nor prior participation in emotion regulation training. Due to this situation, the individual differences in answering the survey can be considered. Similarly, in Case 9, it was reported that a high score in emotion regulation and a high score in childhood traumatic experiences were observed. While the elevated scores for Case 9 could reflect external influences (e.g., social networks or peer relationships rather than

formal training in emotion regulation before), the inclusion criteria were still satisfied. As a result, all of the univariate outliers were not removed in the current study.

Test of Normality

Assumptions of Normality. The data distribution of the four variables, which were emotion regulation, authoritative parenting style, authoritarian parenting style, and childhood traumatic experiences, was analysed with normality tests, including histogram, q-q plot, skewness, kurtosis, and Kolmogorov-Smirnov Test (K-S test).

Histogram. A histogram is a graphical tool for identifying the pattern of a data set's probability distribution. The data can be considered regularly distributed if the histogram resembles a bell (Barton & Peat, 2014). Each histogram (see Appendix I) for the four variables was visually assessed, and it showed that the authoritative parenting style and authoritarian parenting style histograms are in a bell form and symmetrically normal curve, centred around the mean, which demonstrates great normality. However, it was reported that the histogram of the childhood traumatic experience was slightly positively skewed, and the histogram for emotion regulation was slightly negatively skewed, which determined that they were not normally distributed.

Q-Q plot. Another test that was employed in the current study for normality checking was the Q-Q plot (see Appendix J). The result indicated that the assumption of normality was fulfilled as the Q-Q plot (observed value) of the authoritative parenting style, authoritarian parenting style, childhood traumatic experiences, and emotion regulation showed that all points did not deviate from the diagonal line.

Skewness and Kurtosis. As suggested by Byrne (2010) and Hair et al. (2019), data may be considered approximately normally distributed if skewness falls within the range of -

2 to +2 and kurtosis remains between -7 and +7. Based on these thresholds, the analysis revealed no significant deviations in skewness or kurtosis across any of the variables examined (see Appendix K). Both skewness and kurtosis values for all four variables aligned with the recommended ranges, indicating that the data met the criteria for normality assumptions.

Kolmogorov-Smirnov Test. The last test for checking the normality was the Kolmogorov-Smirnov Test (K-S test). A small p -value ($p < 0.05$) implies that the data are not normally distributed, while a large p -value indicates that the data are normally distributed (Finalweb, 2016). The authoritative parenting style variable $D(145) = .053, p = .200$ was the only variable found to have a normal distribution, while the other three variables (authoritarian parenting style, childhood traumatic experiences, and emotion regulation) were not normally distributed. This also indicates that these three variables: authoritarian parenting style $D(145) = .091, p < .001$, childhood traumatic experiences $D(145) = .096, p < .001$, and emotion regulation $D(145) = .114, p < .001$ - violated the K-S test (see Appendix L).

Conclusion. In summary, among the five indicators assessed, authoritative parenting style did not violate normality assumptions across the histogram, Q-Q plot, skewness, kurtosis, and Kolmogorov-Smirnov (K-S) test. Authoritarian parenting style showed a violation only in the K-S test, with no violations observed in the other measures. Childhood traumatic experiences violated normality in the histogram and K-S test but conformed to normality based on the Q-Q plot, skewness, and kurtosis. Emotion regulation, the dependent variable, demonstrated violations in the histogram and K-S test but showed no deviations in the Q-Q plot, skewness, or kurtosis. As each variable presented at least one or more violations in the tests for normality, it can be concluded that the assumption of normality was fully satisfied.

Data transformation

No data transformations were performed in this study, as the absence of significant outliers eliminated the need for adjustments to the dataset. A preliminary examination of the data distribution revealed that no extreme values were present to substantially skew or distort the empirical findings. Consequently, the raw data were retained in their original form to preserve analytical integrity.

Multivariate Outliers and Influential Cases

After performing data analysis in SPSS, four potential multivariate outliers have been determined (Case 9, 108, 129, 136), as shown in Table 3 (see Appendix P). Mahalanobis distance, Cook's distance and the Centered Leverage Value were implemented to examine whether they were multivariate outliers and influential cases. According to Trunfio et al. (2022), Cook's distance for each observation was less than 1. Therefore, it can be seen that no outliers are present and will not negatively affect the estimate of the coefficients. Furthermore, a sample size of approximately 100 individuals should not be more than a Mahalanobis distance of 15 (Barnett and Lewis, 1978). Additionally, a value of Leverage greater than .055 is considered an influential case. The value of .055 was calculated from the formula $\frac{2(p+1)}{n}$ (p indicates predictors, n indicates sample size) (Hoaglin & Welsch, 1978). In the Leverage value, the value of case number 9 is more than .055, but it does not violate the value of Cook's distance and Mahalanobis distance, so it can be said that it is not an influential case and will not cause bias in the findings. As a result, all four possible multivariate outliers fell within the threshold of the three residual statistics, indicating that they were not excluded in the current study.

Table 3*Multivariate Outliers Test*

Case Number	Mahalanobis's Distance	Cook's Distance	Centered-Leverage Value
9	9.320	.12034	.06472
108	5.1157	.11662	.03564
129	3.99517	.08866	.02774
136	3.72030	.04902	.02584

Multiple Linear Regression Assumptions*Variable types*

In multiple linear regression (MLR), independent variables (predictors) can be continuous (interval/ratio) or categorical (ordinal/nominal), and the dependent variable must be measured on a continuous scale (interval/ratio) (Laerd statistics, 2018). Since all of the predictors (authoritative parenting style, authoritarian parenting style, childhood traumatic experiences) and dependent variables (emotion regulation) in the current study were continuous and quantitative variables, it can be concluded that the assumption was met.

Independence of Errors

Durbin-Watson's test was used to examine the assumption of independence of errors. A rule of thumb is that DW test statistic values in the range of 1.5 to 2.5 are relatively normal (Kenton, 2023). According to Flat and Jacobs (2019), the value generated by the Durbin-Watson test should ideally be near 2. The value of Durbin-Watson closer to 2 indicates

congruence with the assumption, which means the better it is. No violation of the assumption was detected in the current study as the Durbin-Watson value is 1.936 (see Appendix M).

Multicollinearity

In the multiple linear regression (MLR) analysis, multicollinearity was reviewed to make sure that there wouldn't be any high association between the predictors, which could cause difficulty in developing and comprehending the regression model (Zach, 2020). Hence, two common tests were used to identify the multicollinearity: Tolerance and Variance Inflation Factor (VIF). According to Kim (2019), multicollinearity exists if the VIF is greater than 5 to 10 and the tolerance is lower than 0.1 to 0.2. As a result, no violation of the assumption was detected as the tolerance values were .665 (authoritative parenting style), .704 (authoritarian parenting style), .521 (childhood traumatic experiences), while the VIF values were 1.503 (authoritative parenting style), 1.419 (authoritarian parenting style), 1.920 (childhood traumatic experiences) (see Appendix N).

Normality of Residual, Linearity, Homoscedasticity

The normality of residuals, linearity, and homoscedasticity were assessed by the scatterplot (see Appendix O). Consequently, the scatterplot showed that the residuals were randomly and evenly distributed along the horizontal zero line, which means no violation of these three assumptions.

Conclusion

Various diagnostic tests were conducted to assess the assumptions of multiple linear regression (MLR), and all required assumptions (variable types, independent errors, multicollinearity, and normality of residual, linearity, homoscedasticity) were fully satisfied, with no significant violations detected.

Data Analysis and Interpretation for Each Hypothesis

Multiple linear regression (MLR) was commonly used to investigate how the independent variables in the current study, authoritative parenting style, authoritarian parenting style, and childhood traumatic experiences, predict the dependent variable, emotion regulation, among young adults in Malaysia. This is a two-tailed test. In summary, it was shown that the model was statistically significant, $F(3,141) = 9.353$, $p < .001$ (see Appendix Q), and accounted for 14.8% of the variance.

Moreover, it was found that the authoritarian parenting style significantly negatively predicted emotion regulation ($\beta = -.220$, $p < .001$); while childhood traumatic experiences significantly predicted emotion regulation ($\beta = -.271$, $p < .05$). It indicated that the authoritarian parenting style and childhood traumatic experiences negatively predicted emotion regulation which fulfilled the hypothesis of *H1b* and *H2* in the current study. Nevertheless, the authoritative parenting style was found to be not significantly predictive of emotion regulation ($\beta = -.051$, $p = .586$) (see Table 4, see Appendix N).

Table 4

Result of Regression Coefficient

Variables	Std. β	t	Sig.
Authoritative Parenting Style	-.051	-.546	.586
Authoritarian Parenting Style	-.220	-2.400	.018
Childhood Traumatic Experiences	-.271	-.271	.012

In summary, referring to Table 5, the results of the findings reported that *H1b* and *H2* were supported, while *H1a* was not supported in the current study.

Table 5*Summary of findings*

Hypotheses	Decision
<i>H1a</i> : Authoritative parenting style positively predicts emotion regulation among young adults in Malaysia	Not Supported
<i>H1b</i> : Authoritarian parenting style negatively predicts emotion regulation among young adults in Malaysia	Supported
<i>H2</i> : Childhood traumatic experiences negatively predict emotion regulation among young adults in Malaysia	Supported

Chapter V

Discussion

Discussion on Major Findings

Specifically, it is important to determine the correlation between emotional regulation, authoritative parenting style, authoritarian parenting style, and childhood traumatic experiences. Additionally, this part will explain whether the findings align with the hypothesis of the study.

H1a: Authoritative parenting style positively predicts emotion regulation among young adults in Malaysia

The present study illustrated that authoritative parenting styles do not have a significant relationship with emotional regulation among young adults in Malaysia. Thus, it does not support our hypothesis. This finding is inconsistent and not supported by previous literature suggesting that authoritative parenting fosters adaptive emotion regulation skills and emotional competence among individuals (Yao et al., 2022; Das, 2022; Paul & Vijayan, 2024). However, this is aligned with another study from Goagoses et al. (2023), which concluded that although there is a correlation between authoritative parenting style and emotional regulation skills, the strength of relationships between them is low, which is similar to our findings, and also showed inconsistency of results between existing studies.

Contradictory findings have shown that authoritative parenting style does have a positive influence on children's emotional regulation skills (Vasiou et al., 2023; Li et al., 2023). However, this might only be one of the reasons influencing emotional regulation skills throughout a child's life development. There might be other factors that did not exist in the present study that may influence young adults' emotional regulation skills, including age-related changes and cultures (Zheng, 2025; Goagoses et al., 2023).

This could be explained by the transition to adulthood, children may become involved in various socialisation agents, such as peers, educators, and workplace environments, which contribute to emotional development beyond parenting practices alone. Studies have shown that by the age of eight, children start to learn emotion regulation through their cognition, as well as feelings about themselves or others, instead of caregiver support (Harris, 1989). This has been proven by studies indicating that adolescence has higher emotional regulation skills compared to young children, while older adults also perform a higher level of emotional well-being as they will increase attention to positive aspects of life rather than the negative aspects (Sanchis-sanchis et al., 2020; Livingstone & Isaacowitz, 2022). Therefore, the authoritarian parenting style supports young adults' emotional regulation skills by providing a structured and safe space for them to explore the world. However, there are also other influencing roles, as they also develop emotional regulation through their interactions with their surroundings and life experiences.

Moreover, there might also be a possible mediating role which is cultural influences, especially in the Malaysian context. In Malaysia, where religious beliefs are also deeply embedded in Malaysian culture, this may serve as another guiding factor in emotional regulation. Many young adults rely on religious teachings to navigate emotional challenges, thereby reducing the chances of parental influence as the sole reason for building emotion regulation skills as they transition into adulthood (Mohaiyuddin et al., 2024). This has been proven where positive religious coping has a significant relationship with life satisfaction and emotional well-being among young adults (Graça & Brandão, 2024). These cultural dynamics suggest that while authoritative parenting may contribute to emotional regulation, the broader societal context plays a crucial role in shaping how young adults manage and express their emotions.

H1b: Authoritarian parenting style negatively predicts emotion regulation among young adults in Malaysia

The current study indicated that authoritarian parenting style has a significant and weak negative relationship with emotional regulation among young adults in Malaysia. Thus, this result supports our hypothesis and is consistent with previous kinds of literature, which suggests that an authoritarian parenting style is detrimental to fostering adaptive emotion regulation skills among young adults (Nathania et al., 2021; Das, 2022).

In the Malaysian cultural context, hierarchical family structures and collectivism are often emphasised (Sumari et al., 2019). These cultural expectations and societal norms of obedience to elders, authority, and conformity to societal norms may shape the way young adults regulate their emotions. In this context, authoritarian parents often discourage open emotional expression, they tend to reject their child's negative feelings instead of discussing or managing them (Yaffe, 2021). As a cycle, the culture may reinforce the parenting practices, making it even more difficult for young adults to develop adaptive emotional regulation skills. This may be in collectivist societies, individuals are often expected to prioritise group harmony and avoid family conflicts, which could lead them to regulate their own emotions by suppressing negative feelings (Saulius & Malinauskas, 2025). Young adults raised in such environments may struggle to identify and regulate their emotions in an adaptive way, leading to difficulties in handling stress, frustration, or interpersonal conflicts.

Other than that, authoritarian parents rely on strict rules and punishments (Chen, 2022). Authoritarian parenting also limits their child's ability to make independent choices, as they prefer to make decisions on their behalf without any explanations (Harahap et al., 2024). Therefore, there are chances that children may learn to regulate their behaviour out of external forces rather than internal self-discipline. The lack of autonomy can hinder the

development of emotional regulation skills till adulthood, they may find themselves relying on external controls rather than internal coping mechanisms in managing emotional challenges (Benita, 2020). As they may struggle with self-awareness, problem-solving, and resilience when facing emotional challenges, they may consequently develop maladaptive coping mechanisms, such as avoidance or emotional suppression.

H2: Childhood traumatic experiences negatively predict emotion regulation among young adults in Malaysia

The research finding supports our hypothesis that childhood traumatic experiences negatively predict emotion regulation among young adults in Malaysia. The results of the study support this hypothesis by showing that individuals who have experienced childhood trauma tend to exhibit greater difficulties in emotion regulation. This result is consistent with the previous studies, which have consistently shown that early adverse experiences can significantly impair an individual's ability to manage emotional responses effectively (Elkin et al., 2025; Sharma et al., 2024). Exposure to threatening events can disrupt the development of the brain's emotion regulation system, making it difficult for young adults to recognise, understand, and manage their emotions (Sharma et al., 2024). Childhood trauma experiences can lead to persistent feelings of fear, helplessness and inadequacy, which can lead to difficulty in controlling stress and emotional responses in adulthood (Center for Substance Abuse Treatment (US), 2014).

In our study, among various forms of childhood traumatic experiences, emotional abuse was the most influential predictor of poor emotion regulation. This finding is aligned with the results of a previous study (Zhang et al., 2024). According to Burns et al. (2010), the profound impact of emotional abuse on emotion regulation has been emphasised. Emotional abuse often involves persistent patterns of criticism, rejection or humiliation by caregivers.

Emotional abuse in childhood can lead them to often experience heightened negative emotions and affect automatic forms of emotion regulation (Kim et al., 2021). Dye (2019) noted that people who were emotionally abused in childhood were found to have long-term consequences that lasted into adulthood compared to those who were also sexually and physically abused.

The relationship between emotional abuse and emotion regulation can also be explained by Linehan's (1993) theory of invalidating environment, emotional abuse can lead to difficulties in emotional regulation when a child's emotional expressions are consistently denied, dismissed, discouraged or punished, their ability to accurately identify, interpret and express emotion will be greatly diminished. In such an environment, emotional repression is often reinforced, and victims may use denial as a defence mechanism and refuse to reflect on their abusive experiences to protect their well-being (Downey & Crummy, 2021).

Furthermore, cultural factors may also play a role in the relationship between childhood trauma and emotion regulation among young adults. A collectivist society's view of emotions encourages people to repress them rather than express them (Sheerha & Kumbhare, 2021). In such societies, individuals who have experienced childhood trauma may struggle more with emotion regulation, as they are often discouraged from openly processing their emotions. Malaysia is also a collectivist society, which indicates that Malaysians might repress their emotion, either positive or negative, as their defence mechanisms. Consequently, the cultural emphasis on emotional restraint may hinder the healing process and the development of healthy coping mechanisms.

Theoretical Implications

The study aligns with Bandura's (1986) Social Cognitive Theory, which posits that behaviour is shaped by dynamic interactions between personal factors, behaviour, and

environmental influences. According to this model, parenting styles and parents' abusive behaviours are considered part of a child's environmental input, and children internalise these behaviours as part of their emotional and cognitive development.

The study found that negative childhood experiences, such as authoritarian parenting and especially emotional abuse, negatively impacted the emotional regulation skills of Malaysian young adults. This is consistent with SCT, which argues that an individual's ability to self-regulate is shaped by both early social modelling and the perceived efficacy of those emotional behaviours.

From the concept of emotional self-efficacy in SCT, children may receive inconsistent or punitive feedback for emotional expression in an emotionally abusive environment, which could weaken their belief in their ability to effectively manage emotions. These early messages interfere with the development of self-regulatory processes, resulting in heightened emotional reactivity or maladaptive coping in adulthood. Conversely, those who had more emotionally supportive environments—even if not explicitly authoritative—may have developed greater emotional self-efficacy through positive reinforcement and confidence in personal mastery experiences. This may suggest a need to take note of SCT's application in emotion research by emphasising emotional self-efficacy as a core mediating variable between early social learning experiences and long-term emotional functioning.

However, the current findings also suggest that parenting style and childhood traumatic experience alone may not straightforwardly predict emotional regulation, as previously believed. This may support the theory's emphasis on reciprocal determinism, where personal, behavioural, and environmental factors influence each other in a continuous loop; this may be more relevant when interpreting the findings within the Malaysian context. While parenting style and childhood experience are environmental influences, individual

characteristics (e.g., gender, personality, religious values), social interactions, and broader cultural norms also interact with these influences to shape emotional development as individuals transition into adulthood.

For example, in Malaysian society, religious values, collectivist norms, and cultural expectations surrounding obedience and emotional restraint may mediate or moderate the influence of parenting. Young adults may internalise culturally prescribed ways of expressing or suppressing emotion through vicarious reinforcement, which is observing how others are rewarded or punished for emotional expression in society.

This highlights an important extension of SCT where environmental learning does not occur in isolation. Multiple socialising agents, including parents, peers, teachers, religious leaders, and media, may contribute to learning and behaviour. As such, the study supports SCT's broader claim that emotion regulation results from the cumulative and interactive influence of multiple contextual variables.

Practical Implications

In the current study, factors that predict emotion regulation among Malaysian young adults have been investigated. The results can serve as a fundamental guideline for promoting the correctness of parenting style, as authoritarian parenting negatively impacts emotional regulation. Parenting programs can educate caregivers on reducing dictation parenting while emphasising warmth, open communication, and reasonable discipline.

The study may assist workshops and public awareness campaigns to help parents understand how their parenting style and abusive acts will influence their child's emotional development. Mental health professionals and social workers will be able to further guide parents on the harmful effects of excessive control, punishment, and emotional suppression.

Culturally sensitive interventions can also help parents adopt more balanced discipline strategies while maintaining respect for hierarchical family structures.

Our study may also serve as a guideline for schools which train educators to recognise signs of emotional dysregulation in students and provide supportive environments, especially for those from authoritarian households or traumatic backgrounds. This can help schools integrate emotion regulation training into their curricula, teaching students skills like emotional awareness, cognitive reappraisal, and healthy coping mechanisms.

Limitations & Recommendations:

Despite the contribution of this study, several limitations should be acknowledged. The findings showed that the generalisability is limited due to several factors. First of all, there is a gender imbalance in the sample, as female participants (68.3%) are significantly more than male participants (31.7%). The underrepresentation of male participants may limit the understanding of diverse populations and the generalisability of the findings to different populations (Bibbins-Domingo & Helman, 2022). Moreover, there was ethnic homogeneity in the sample. Most participants were Chinese (95.5 %), with a small number of other races, including Indian (2.8 %), Malay (0.7 %) and Siamese (0.7 %). In Malaysia's multiracial country, this research may not accurately reflect Malaysia's population composition. Cultural differences in emotional expression, parental practices and coping mechanisms may influence the results of the study. However, these factors could not be adequately examined due to the ethnic bias of the sample in this study. In order to improve the representativeness of the population, future studies should endeavour to recruit samples that are more balanced in terms of gender and ethnicity. Researchers are encouraged to implement targeted recruitment strategies in the final stages of recruitment to actively recruit underrepresented groups, such as men and non-Chinese people.

Other than that, non-probability sampling methods such as convenience sampling and snowball sampling were used in this study may also pose a limitation. These methods are collecting data through online platforms and personal networks, which may cause sampling bias. To address this limitation, future studies should consider using probability sampling methods such as stratified or cluster sampling. These techniques can reduce sampling bias by ensuring that all populations have a more equal opportunity to participate. In addition, collaboration with educational institutions, community-based organisations or clinical agencies can reach a wider range of participants from different backgrounds and enhance the diversity of the sample in the research. This will help generalise the study to the entire Malaysian population.

Lastly, it is a cross-sectional research design, which may be limited in drawing causal relationships. Because the data were collected at a single point in time, it was not possible to determine the directionality or chronological order of the observed relationships (Wang & Cheng, 2020). For example, while emotional abuse may lead to difficulties with emotion regulation, it is also possible that individuals with emotion dysregulation are more likely to perceive or report negative interpersonal experiences due to defensiveness (Garofalo et al., 2017). The lack of longitudinal data limits understanding of how these variables interact, evolve and develop over time. Future research should consider longitudinal designs to examine the developmental trajectories and causal pathways involved in childhood trauma experience, parenting style and emotion regulation outcomes.

Conclusion

In conclusion, this study examined the predictive roles of parenting styles (authoritative and authoritarian parenting) and childhood traumatic experiences on emotion regulation among Malaysian young adults. Using multiple linear regression analysis, the findings indicated that

authoritarian parenting style and childhood trauma, particularly emotional abuse, were significantly predicted by poorer emotion regulation, whereas authoritative parenting style was not a significant predictor. Theoretically, these results are consistent with Social Cognitive Theory, which suggests that behavioural outcomes are shaped through the reciprocal interactions between individual, behavioural and environmental factors. Parenting styles and childhood trauma are environmental inputs that shape emotional self-efficacy, which refers to an individual's beliefs about his or her ability to regulate emotions. Findings support the view that emotionally abusive or punitive parenting styles undermine the development of self-regulation skills, whereas emotionally supportive environments foster greater self-efficacy and adaptive emotional functioning. In addition, the findings reflect the SCT principle of reciprocal determinism, whereby broader cultural values, such as Malaysian collectivist norms and an emphasis on emotional restraint, may interact with parenting behaviours to influence emotional outcomes. Practically, the findings highlight the need for culturally sensitive interventions. Public education campaigns and parenting initiatives can increase awareness of the emotional harm caused by harsh parenting methods. Schools can foster emotional skills through social-emotional learning programs, and mental health experts and educators can support adolescents and caregivers.

Despite its contribution, this study has several limitations, including demographic imbalance with an overrepresentation of Chinese and female participants, which limits generalizability. The cross-sectional design also restricts the causal interpretations. Future research should consider longitudinal research. In conclusion, this study provides valuable insight on the effects of childhood trauma and early parenting on long-term emotion regulation, with theoretical and practical implications for emotional development in a collectivist cultural context. In order to promote healthy emotional development among

Malaysian young adults, the findings support the adoption of culturally sensitive interventions such as emotionally focused psychoeducation and parenting education.

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Appendices

Appendix A

Effect Size Calculation

Table 2

Correlations Among Variables of Interest

Variable	1	2	3	4	5	6	7
1. Emotion Regulation							
2. CPIC – Sum	.21*						
3. CPIC - Self-Blame	.33*	.58*					
4. CPIC - Conflict Properties	.11	.95*	.38*				
5. CPIC – Threat	.28*	.86*	.43*	.76*			
6. Permissive	.10	-.17	.07	-.25*	-.13		
7. Authoritarian	.06	.25*	.13	.20	.30*	-.20	
8. Authoritative	-.05	-.42*	-.20*	-.45*	-.32*	.44*	-.05

Note. CPIC=Children's Perception of Interparental Conflict Scale

Jernigan, M. (2021). How divorce, interparental conflict, and parenting styles relate to young adult emotional regulation. In *Murray State Theses and Dissertations*. 222.

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Predictor 1: Authoritative Parenting Style (effect size)

$$f^2 = \frac{R^2}{1-R^2} = \frac{(-0.05)^2}{1-(-0.05)^2} = 0.0025$$

Predictor 2: Authoritarian Parenting Style (effect size)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.06^2}{1-(0.06)^2} = 0.0036$$

	1	2	3	4	5	6	7	8	9	10
1. BPQ	1									
2. DERS-16	0.61***	1								
3. CTQ-SF emotional abuse	0.42***	0.43***	1							
4. CTQ-SF physical abuse	0.24***	0.23***	0.65***	1						
5. CTQ-SF sexual abuse	0.22***	0.23***	0.45***	0.64***	1					
6. CTQ-SF emotional neglect	0.27***	0.09	0.27***	0.20***	0.06	1				
7. CTQ-SF physical neglect	0.25***	0.08	0.28***	0.34***	0.28***	0.52***	1			
8. CTQ-SF minimization/denial	- 0.27***	- 0.15**	- 0.39***	- 0.31***	- 0.18***	- 0.63***	- 0.38***	1		
9. Age	- 0.22***	- 0.34***	- 0.24***	- 0.08	- 0.05	- 0.001	0.07	- 0.04	1	
10. Household crowding index	- 0.01	0.03	- 0.002	0.03	0.02	0.03	0.03	0.03	- 0.10*	1

* $p < .05$; ** $p < .01$; *** $p < .001$; BPQ = Borderline Personality Questionnaire; CTQ-SF = Childhood Trauma Questionnaire—Short Form; DERS-16 = Difficulties in Emotion Regulation Scale—Brief Version

Gaelle Kanj, Souheil Hallit, & Sahar Obeid. (2023). The relationship between childhood emotional abuse and borderline personality disorder: The mediating role of difficulties in emotion regulation among Lebanese adults. *Borderline Personality Disorder and Emotion Dysregulation*, 10(1). <https://doi.org/10.1186/s40479-023-00241-0>

Predictor 3: Childhood Traumatic Experience

(Emotional abuse)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.43^2}{1-(0.43)^2} = 0.2268$$

(Physical abuse)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.23^2}{1-(0.23)^2} = 0.0559$$

(Sexual abuse)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.23^2}{1-(0.23)^2} = 0.0559$$

(Emotional neglect)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.09^2}{1-(0.09)^2} = 0.0082$$

(Physical neglect)

$$f^2 = \frac{R^2}{1-R^2} = \frac{0.08^2}{1-(0.08)^2} = 0.0064$$

*(Minimization/denial)

$$f^2 = \frac{R^2}{1-R^2} = \frac{(-0.15)^2}{1-(-0.15)^2} = 0.023$$

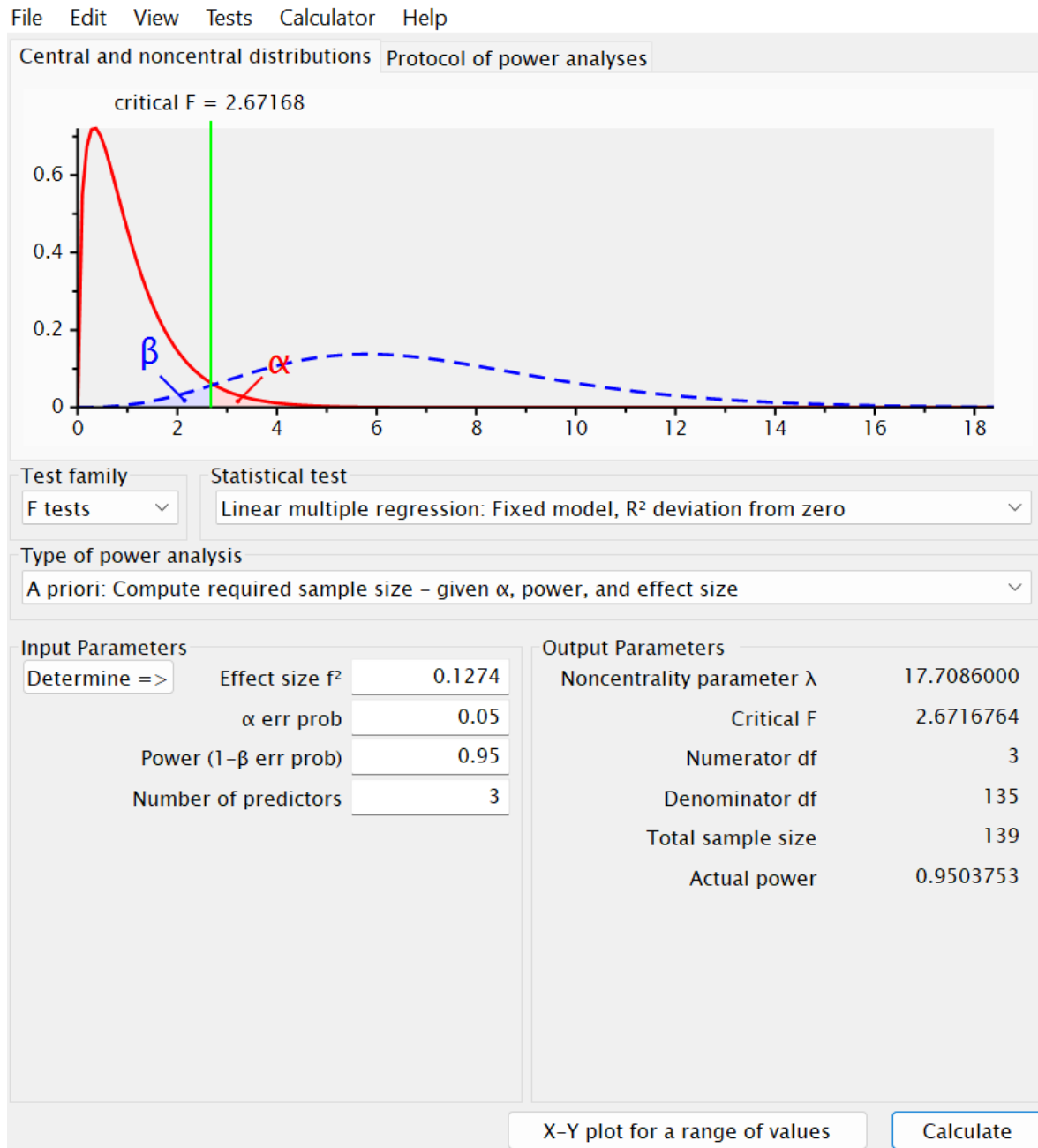
$$\text{Total: } f^2 = 0.2268 + 0.0559 + 0.0559 + 0.0082 + 0.0064 + 0.023 = 0.3762$$

Average Effect Size (predictor 1+predictor 2+predictor 3)

$$f^2 = \frac{0.0036 + 0.0025 + 0.3762}{3} = 0.1274$$

Appendix B

Sample Size Calculation (G*Power)



Appendix C

Poster



Call For Respondents!

UTAR
UNIVERSITI TUNKU ABDUL RAHMAN

Final Year Project
Parenting Styles (Authoritative
and Authoritarian) and
Childhood Traumatic Experience
as Predictors of Emotion
Regulation among Young Adults
in Malaysia

Requirements:

1. Malaysian
2. 18–29 years old
3. Without any mental health issues

Scan to Join

For any inquiries, please contact us via email:
chinmengen0928@utar.my (Chin Meng En)
huiwentan03@utar.my (Tan Hui Wen)
wongen@utar.my (Wong En)

Appendix D

Ethical Clearance Approval



UNIVERSITI TUNKU ABDUL RAHMAN DU012(A)
Wholly owned by UTAR Education Foundation Co. No. 578227-M

Re: U/SERC/78-425/2025

2 January 2025

Dr Lee Wan Ying
Head, Department of Psychology and Counselling
Faculty of Arts and Social Science
Universiti Tunku Abdul Rahman
Jalan Universiti, Bandar Baru Barat
31900 Kampar, Perak.

Dear Dr Lee,

Ethical Approval For Research Project/Protocol

We refer to the application for ethical approval for your students' research project from Bachelor of Social Science (Honours) Psychology programme enrolled in course UAPZ3023. We are pleased to inform you that the application has been approved under Expedited Review.

The details of the research projects are as follows:

No	Research Title	Student's Name	Supervisor's Name	Approval Validity
1.	Parenting Styles (Authoritative and Authoritarian) and Childhood Trauma Experience as Predictors of Emotion Regulation Among Young Adults in Malaysia	1. Chin Meng En 2. Tan Hui Wen 3. Wong En	Ms Teoh Xi Yao	2 January 2025 – 1 January 2026
2.	The Relationship Between Commitment, Intimacy, Passion and Relationship Satisfaction Among Young Adults in Malaysia	1. Chong Chi Yan 2. Fion Lee Wan Qi 3. Teoh Yu Qin		
3.	Trust, Commitment, and Conflict Resolution Styles as Predictors of Romantic Relationship Satisfaction Among Emerging Adults in Malaysia	1. Wong Cheng Xiang 2. Wong Zi Zheng		

The conduct of this research is subject to the following:

- (1) The participants' informed consent be obtained prior to the commencement of the research;
- (2) Confidentiality of participants' personal data must be maintained; and
- (3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.
- (4) Written consent be obtained from the institution(s)/company(ies) in which the physical or/and online survey will be carried out, prior to the commencement of the research.

Kampar Campus : Jalan Universiti, Bandar Barat, 31900 Kampar, Perak Darul Ridzuan, Malaysia
Tel: (605) 468 8888 Fax: (605) 466 1313
Sungai Long Campus : Jalan Sungai Long, Bandar Sungai Long, Cheras, 43000 Kajang, Selangor Darul Ehsan, Malaysia
Tel: (603) 9086 8288 Fax: (603) 9019 8868
Website: www.utar.edu.my



Should the students collect personal data of participants in their studies, please have the participants sign the attached Personal Data Protection Statement for records.

Thank you.

Yours sincerely,



Professor Ts Dr Faiz bin Abd Rahman
Chairman
UTAR Scientific and Ethical Review Committee

c.c Dean, Faculty of Arts and Social Science
 Director, Institute of Postgraduate Studies and Research



Appendix E

Pilot Study-Reliability

Emotion Regulation

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.895	.888	16

Authoritative Parenting Style

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.932	.932	13

Authoritarian Parenting Style

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.912	.917	13

Childhood Traumatic Experiences

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.825	.838	25

Appendix F

Actual Study-Reliability

Emotion Regulation

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.932	.932	16

Authoritative Parenting Style

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.951	.951	13

Authoritarian Parenting Style

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.923	.924	13

Childhood Traumatic Experiences

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.856	.861	25

Appendix G

Demographic Statistics

Age (e.g., 22)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18	3	2.1	2.1	2.1
19	12	8.3	8.3	10.3
20	32	22.1	22.1	32.4
21	32	22.1	22.1	54.5
22	40	27.6	27.6	82.1
23	13	9.0	9.0	91.0
24	5	3.4	3.4	94.5
25	6	4.1	4.1	98.6
27	1	.7	.7	99.3
28	1	.7	.7	100.0
Total	145	100.0	100.0	

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	46	31.7	31.7	31.7
Female	99	68.3	68.3	100.0
Total	145	100.0	100.0	

Race - Selected Choice

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Malay	1	.7	.7	.7
Chinese	139	95.9	95.9	96.6
Indian	4	2.8	2.8	99.3
Others (Please specify:)	1	.7	.7	100.0
Total	145	100.0	100.0	

Employment Status - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	138	95.2	95.2	95.2
	Employed	7	4.8	4.8	100.0
	Total	145	100.0	100.0	

Education Level - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SPM/STPM/UEC	3	2.1	2.1	2.1
	Foundation/Diploma	23	15.9	15.9	17.9
	Undergraduate	116	80.0	80.0	97.9
	Post Graduate	3	2.1	2.1	100.0
	Total	145	100.0	100.0	

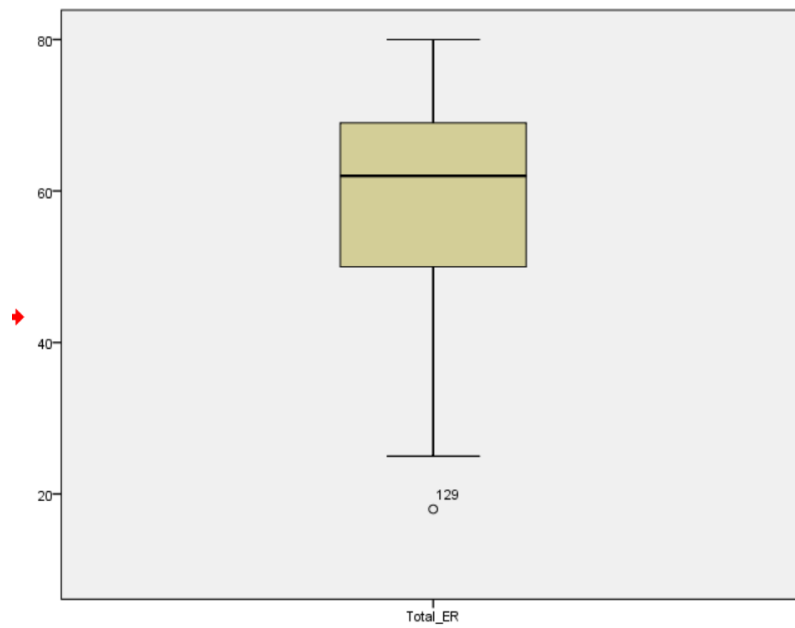
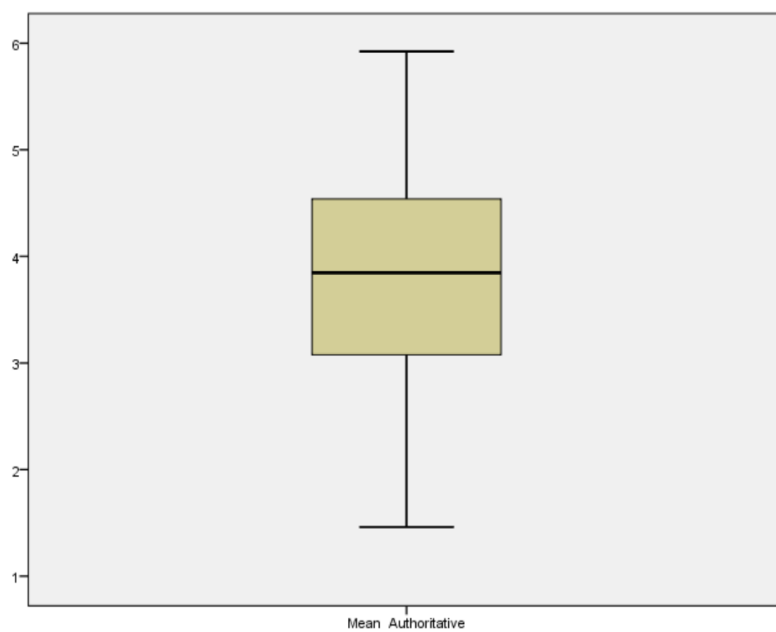
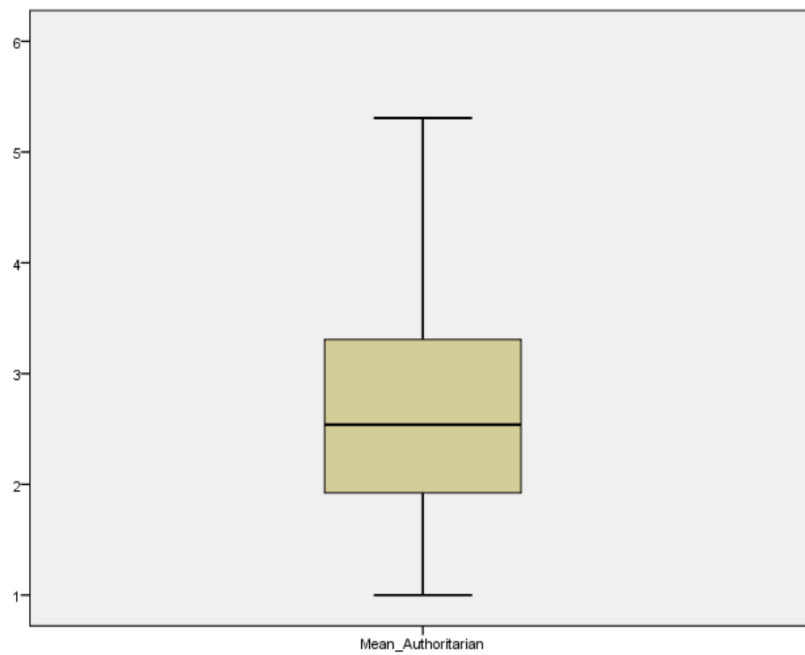
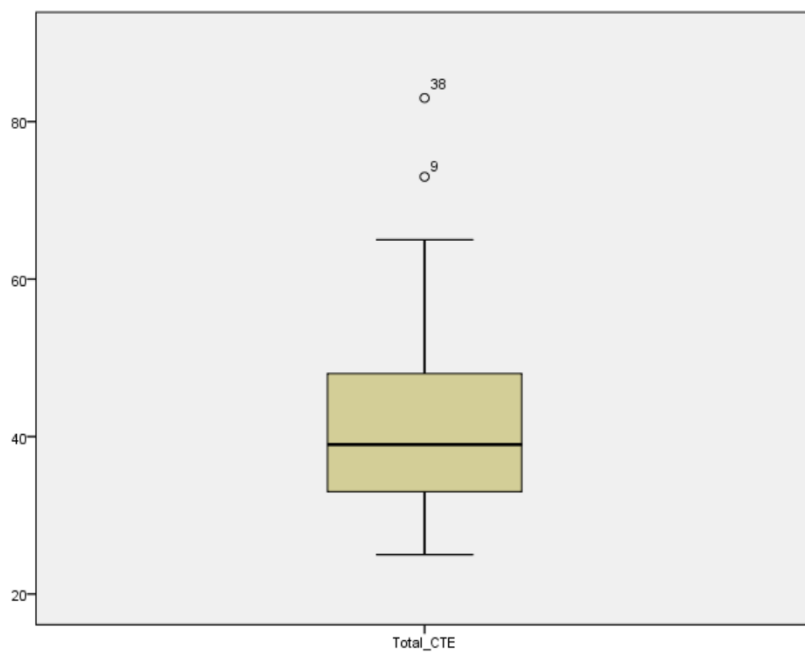
Appendix H**Boxplot****Figure A1***Boxplot of Emotion Regulation***Figure A2***Boxplot of Authoritative Parenting Style*

Figure A3*Boxplot of Authoritarian Parenting Style***Figure A4***Boxplot of Childhood Traumatic Experiences*

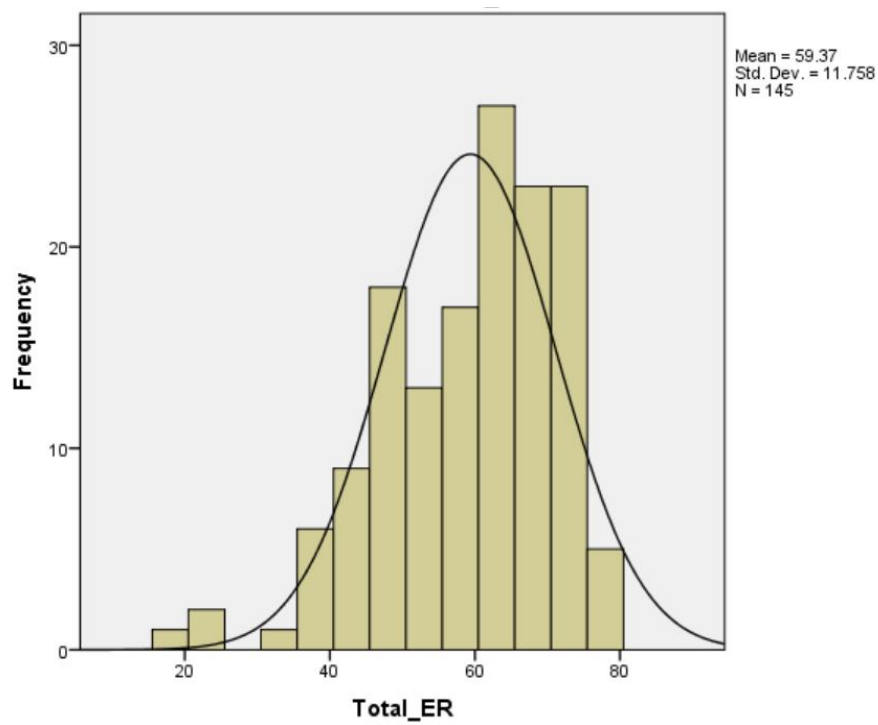
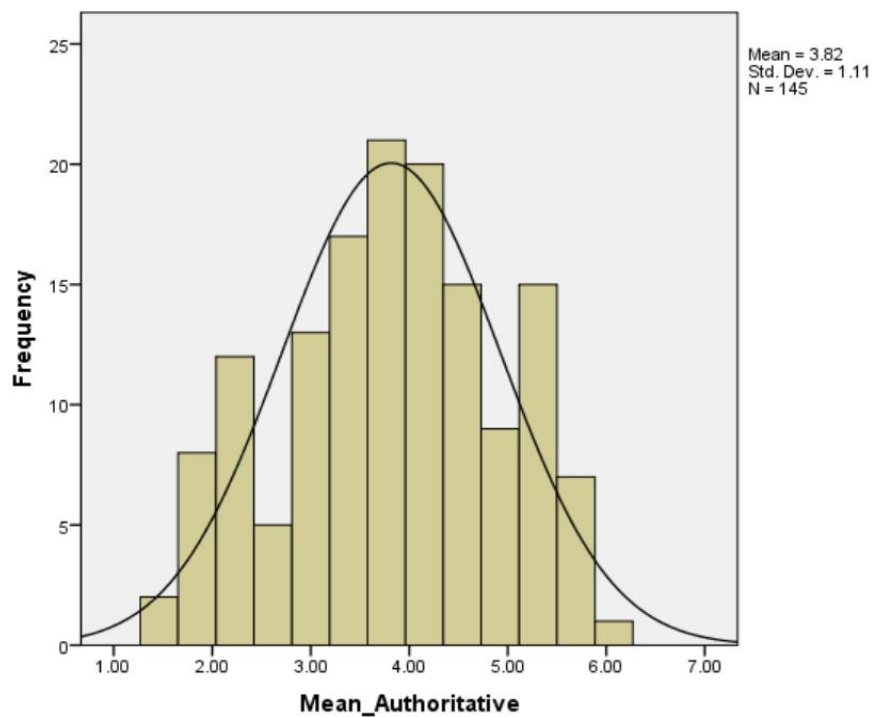
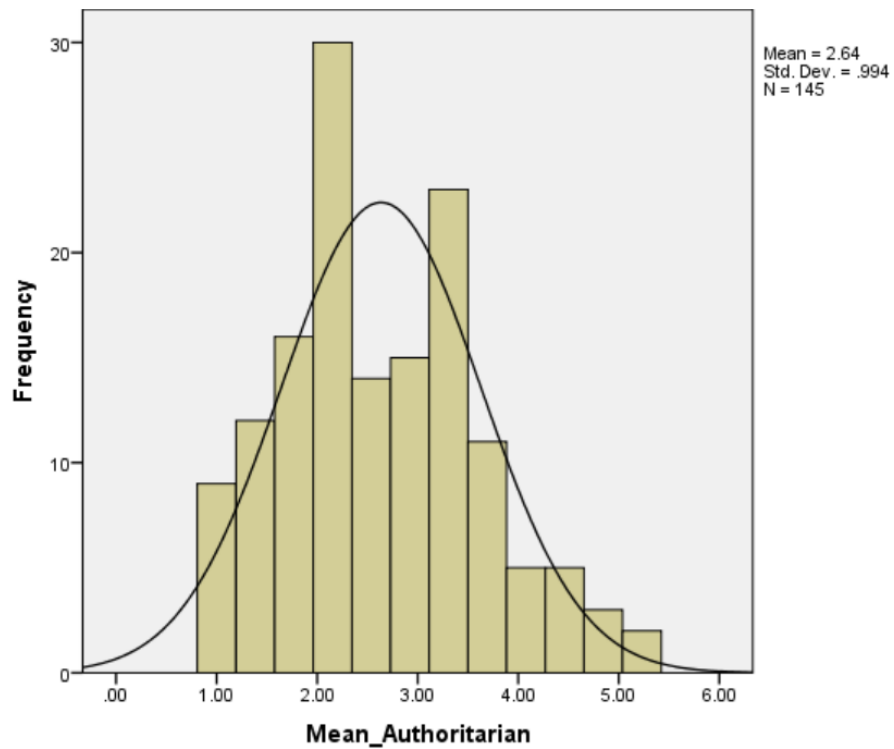
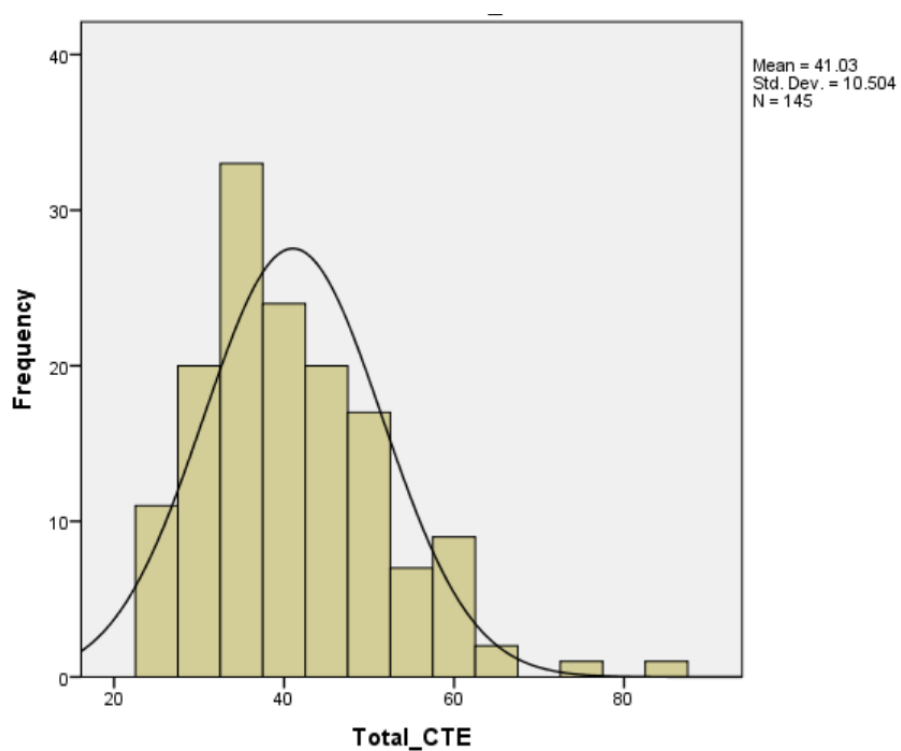
Appendix I**Histogram****Figure A1***Histogram of Emotion Regulation***Figure A2***Histogram of Authoritative Parenting Style*

Figure A3*Histogram of Authoritarian Parenting Style***Figure A4***Histogram of Childhood Traumatic Experiences*

Appendix J**Q-Q Plot****Figure A1**

Q-Q Plot of Emotion Regulation

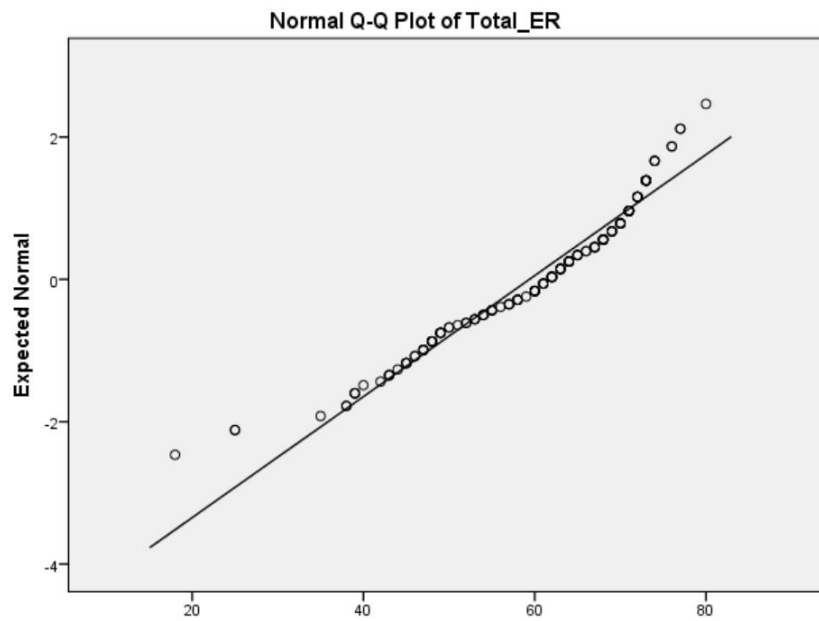
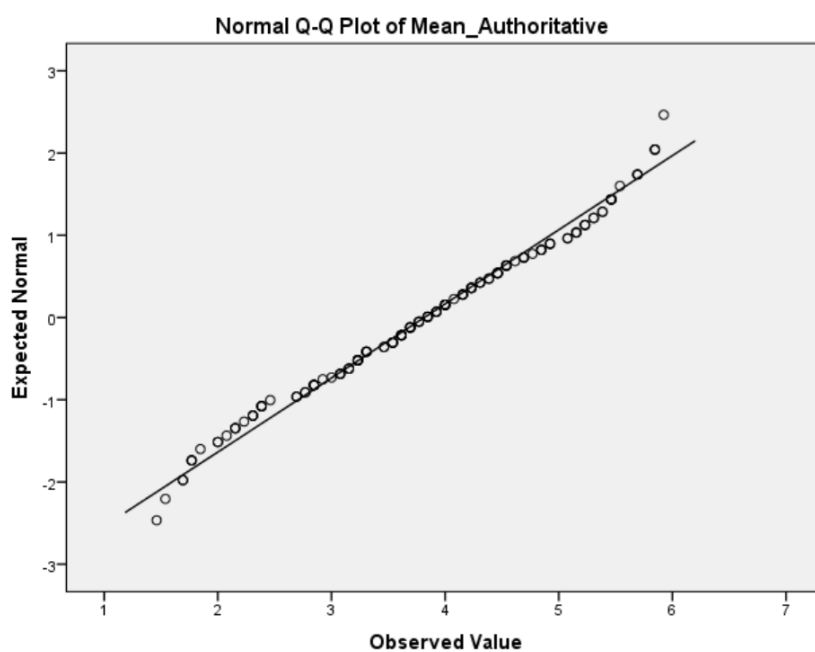
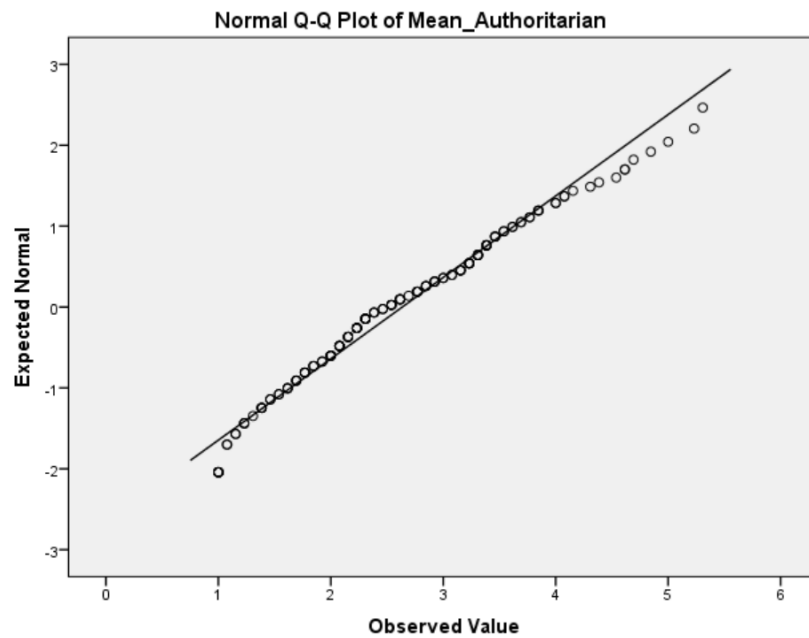
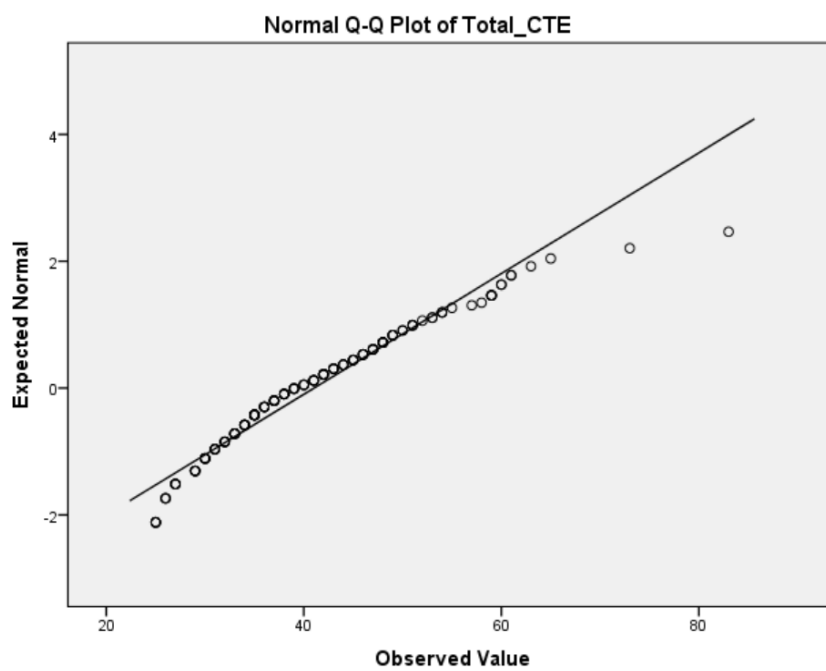
**Figure A2***Q-Q Plot of Authoritative Parenting Style*

Figure A3*Q-Q Plot of Authoritarian Parenting Style***Figure A4***Q-Q Plot of Childhood Traumatic Experiences*

Appendix K

**Skewness and Kurtosis of Authoritative Parenting Style, Authoritarian Parenting Style,
Childhood Traumatic Experiences, and Emotion Regulation**

Statistics		Total_ER	Total_CTE	Mean_Authori tative	Mean_Authori tarian
N	Valid	145	145	145	145
	Missing	0	0	0	0
Mean		59.37	41.03	3.8159	2.6355
Std. Error of Mean		.976	.872	.09214	.08253
Median		62.00	39.00	3.8462	2.5385
Mode		60 ^a	35	3.23 ^a	2.08 ^a
Std. Deviation		11.758	10.504	1.10956	.99382
Variance		138.249	110.325	1.231	.988
Skewness		-.799	.892	-.111	.448
Std. Error of Skewness		.201	.201	.201	.201
Kurtosis		.486	1.112	-.718	-.296
Std. Error of Kurtosis		.400	.400	.400	.400
Range		62	58	4.46	4.31
Minimum		18	25	1.46	1.00
Maximum		80	83	5.92	5.31
Percentiles	25	50.00	33.00	3.0769	1.9231
	50	62.00	39.00	3.8462	2.5385
	75	69.00	48.00	4.5769	3.3077

a. Multiple modes exist. The smallest value is shown

TOTAL_ER: Emotion Regulation

MEAN_Authoritative: Authoritative Parenting Style

MEAN_Authoritarian: Authoritarian Parenting Style

TOTAL_CTE: Childhood Traumatic Experiences

Appendix L

Kolmogorov-Smirnov Test

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Total_ER	.114	145	.000	.947	145	.000
Total_CTE	.096	145	.002	.949	145	.000
Mean_Authoritative	.053	145	.200 [*]	.980	145	.035
Mean_Authoritarian	.091	145	.005	.973	145	.006

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Appendix M**Independence Error****Model Summary^b**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.407 ^a	.166	.148	10.852	1.936

a. Predictors: (Constant), Mean_Authoritarian, Mean_Authoritative, Total_CTE

b. Dependent Variable: Total_ER

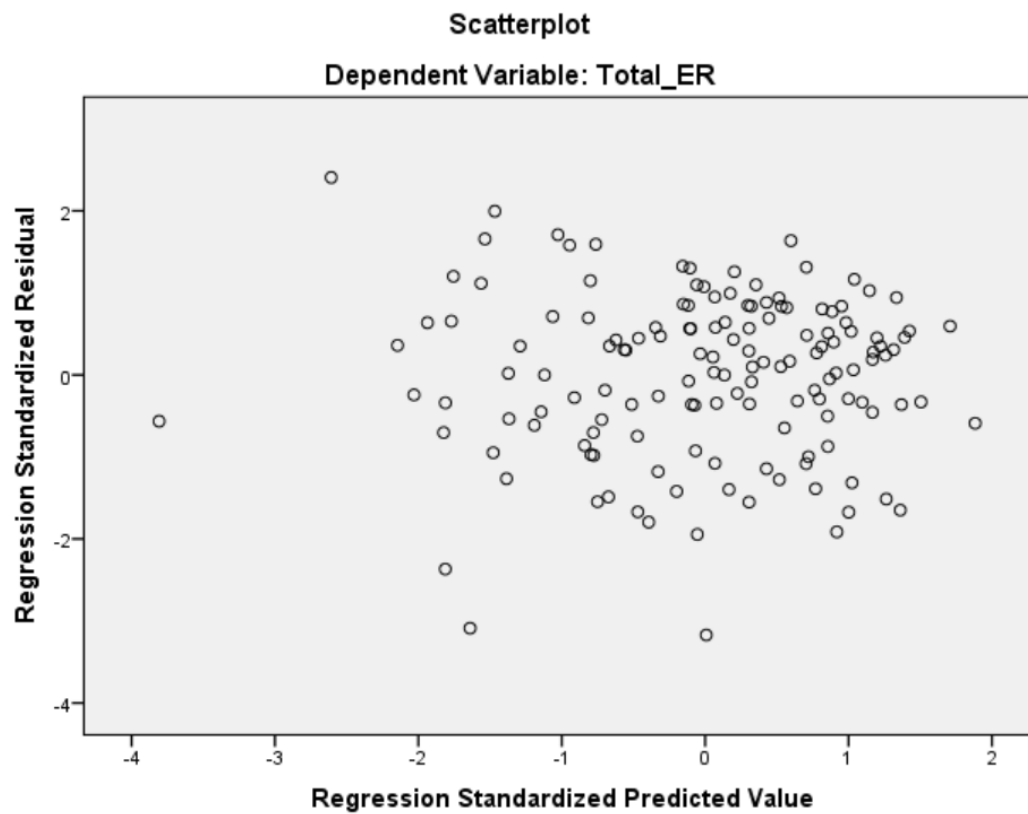
Appendix N

Multicollinearity

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	80.759	7.317		11.037	.000		
Total_CTE	-.303	.119	-.271	-2.543	.012	.521	1.920
Mean_Authoritative	-.545	.999	-.051	-.546	.586	.665	1.503
Mean_Authoritarian	-2.601	1.084	-.220	-2.400	.018	.704	1.419

a. Dependent Variable: Total_ER

Appendix O**Normality of Residual, Linearity, Homoscedasticity**

Appendix P**Multivariate Outliers****Casewise Diagnostics^a**

Case Number	Std. Residual	Total_ER	Predicted Value	Residual
9	2.407	73	46.88	26.118
108	-3.171	25	59.41	-34.410
129	-3.089	18	51.52	-33.517
136	-2.367	25	50.69	-25.691

a. Dependent Variable: Total_ER

Appendix Q

Multiple Regression Analysis

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3304.189	3	1101.396	9.353	.000 ^b
	Residual	16603.701	141	117.757		
	Total	19907.890	144			

a. Dependent Variable: Total_ER

b. Predictors: (Constant), Mean_Authoritarian, Mean_Authoritative, Total_CTE