Emotional Regulation in Emerging Adults: The Relationships Between Perceived Parental Expectations, Emotional Regulation Strategies and Self-esteem

Markéta Slatinská

22701645

Supervisor: Dr Barry Coughlan

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Name: Markéta Slatinská

Student Number: 22701645

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Abstract

Aims: The current study aimed to examine how individuals' perceptions of parental expectations influence their emotional regulation and self-esteem, with a focus on differences between the expectations of two different caregivers. This study also explored six distinct ER strategies (suppression, reappraisal, rumination, engagement, relaxation, and distraction) and assessed their association with the study variables. **Method:** A questionnaire was administered to participants (n = 140) via social media, which included questions regarding perceived parental expectations, emotional regulation, ER strategies, and self-esteem. **Results:** Results indicated that perceived parental expectations, ER strategies, and self-esteem were associated with lower levels of emotional regulation. However, perceived parental expectations were not associated with self-esteem. Together, perceived parental expectations and ER strategies explained 32% of the variance in emotional regulation levels. **Conclusion:** These findings provide a greater understanding of the association between perceived parental expectations, emotional regulation, ER strategies, and self-esteem in emerging adults, as well as the gender differences among these study variables. The study challenges the assumption that parental expectations are a predictor of self-esteem. Theoretical implications of the role of perceived parental expectations in shaping emotional regulation are discussed.

Keywords: Emotional Regulation, Perceived Parental Expectations, Emotional Regulation Strategies, Self-esteem

Table of Contents

Introduction

There has been an increased emphasis in studies redirecting the focus regarding emotional regulation from childhood to adolescence and emerging adulthood (Cheung et al., 2019; Cheung et al., 2020; Lindsey, 2021). Emotional regulation (ER) is essential to human development encompassing internal and external processes involved in initiating, experiencing, expressing, maintaining, and modulating the occurrence of emotion and emotion-related psychological states (Are & Shaffer, 2016; Aznar & Battams, 2023; Cheung et al., 2019; Gong & Paulson, 2017). A key component to learning how to regulate one's emotions is thought to be social environment, with parents/caregivers specifically exerting a considerable influence on an individual's emotional regulation skills (Are & Shaffet, 2016; Cabebinha-Alati et al., 2020; Tammilehto et al., 2023). Although emerging adults may experience reduced dependence on their families compared to early childhood to adolescence, factors related to social environment such as family expressivity, cohesion and conflict remain important as they encounter unique societal expectations and stressors including transitioning to college, leaving home, acquiring financial independence, and securing employment (Aznar & Battams, 2023; Cheung et al., 2019). Specifically, the role of family dynamics in emerging adults' emotional regulation is particularly relevant as emerging adulthood is a period of rapid developmental changes and increased emotionality with the adjustment on taking on a new role status and developing new values and identities (Cheung et al., 2019; Zimmerman & Iwanski, 2014). Although several studies acknowledge the continuous influence of family dynamics, it is crucial to examine the specific interactions between parents/caregivers and their adult children to explore the full extent of parental influence on emerging adults in this adjustment period. Specifically, this study examines parental influence by exploring how emerging adults' perceptions of the expectations placed on them by their parents/caregivers affect their levels of emotional regulation and the

strategies they use to manage emotions. Additionally, the study will also explore the potential impact of these factors on the self-esteem of emerging adults.

Emotional regulation and Parental expectations

Observations of parental interactions and behaviours serve as an important message in shaping how children respond to emotional experiences and regulate their emotions (Are & Shaffer, 2016; Gong & Paulson, 2017). In this context, the family's emotional environment plays a key role in emotional socialisation (Gong & Paulson, 2017). Close relationships with parents/caregivers provide resources and opportunities to learn about emotional regulation by observing and imitating (Cabecinha-Alati et al., 2020; Chiang et al., 2024). Several studies have proposed parental influence in early childhood to have a prolonged effect on utilising ER strategies in adolescence and adulthood (Cabecinha-Alati et al., 2020; Chiang et al., 2024; Gong & Paulson, 2017). For instance, Chiang and colleagues (2024) proposed that variations in adolescent emotion dysregulation can be observed over time, influenced by the nature of their relationship with parents. Findings of this study emphasised that strong parent-adolescent relationships facilitate the development of adaptive emotional regulation skills in young people, as they feel comfortable in expressing their emotions and seeking support on how to regulate them effectively (Chiang et al., 2024). Similarly, Cabecinha-Alati and colleagues (2020) indicated that by providing support and guidance parents enable children to develop adaptive emotional functioning and ER strategies in future. The findings of this study further indicate that, unlike supportive emotional socialisation, unsupportive emotional socialisation, which involves minimising emotions, may contribute to the development of maladaptive or avoidant coping strategies (Cabencinha-Alati et al., 2020). Given these considerations, the influence of parents and caregivers in shaping the core elements of children's emotional development is critical (Cabecinha-Alati et al., 2020; Chiang et al., 2024). Further exploration of parenting behaviours and additional contributing factors would

offer a more precise and comprehensive understanding of the mechanisms that underpin the development of emotional regulation.

In terms of emotional regulation strategies, multiple different strategies have been proposed including suppression, reappraisal, rumination, engagement, relaxation, and distraction (Silva et al., 2018; Tammilehto et al., 2023). Individuals vary in their tendencies to employ ER strategies in the context of their relationships with others, with some strategies proving more effective than others (Lindsey, 2021; Tammilehto et al., 2023). While these relationships may primarily function independently and be influenced by an individuals' effortful control, they are more likely to affect the selection of ER strategies rather than their implementation (Tammilehto et al., 2023). In principle, ER strategies refer to specific behaviours and mental processes utilised to manage and cope with emotion (Dong, 2024). To illustrate, reappraisal entail altering the interpretation of an emotion-eliciting situation to a more positive one, while suppression serves as a way of inhibiting and hiding emotional expression from others (Cheung et al., 2019; Lindsey, 2021; Tammilehto et al., 2023). Typically, suppression leads to an increase in negative emotions, reappraisal results in an increase in positive emotions, and rumination causes both an increase in negative emotions and a decrease in positive emotions (Tammilehto et al., 2023). Additionally, suppression, for instance, is more likely used in scenarios where individuals anticipate minimal support or believe that expressing their emotions will have insignificant impact on others' behaviour (Lindsey, 2021).

Another aspect of the influence of emotional regulation is the distinction between main and secondary caregiver, as they have the potential to assume distinct roles in shaping and influencing emotional regulation (Are & Shaffer, 2016; Cheung et al., 2019; Chiang et al., 2024). These variations in emotional response tendencies among young people may stem from gender-based parental responses to emotional expression or from the underlying

relational histories that individuals have with their parental figures (Lindsey, 2021). In this context, Aznar and Battams (2023) investigated the effect of perceived warmth of caregivers on the utilisation of ER strategies. Their findings reported that main caregivers have a more significant impact on the use of reappraisal than secondary caregivers. However, in the case of suppression, the warmth of secondary caregivers was found to influence its adoption, whereas the warmth of main caregivers did not. In addition, Lindsey (2021) has implied fathers to be less responsive to children's emotional displays than mothers. This reduced responsiveness may contribute to the use of suppression, as children may expect that expressing emotions will have minimal impact on their fathers' behaviour (Lindsey, 2021). In contrast, Chiang and colleagues (2024) has proposed father-adolescent closeness to be linked to lower emotion dysregulation as opposed to mother-adolescent closeness. This phenomenon may arise from the fact that adolescents who experience fluctuations in their fathers are provided with resources and opportunities to regulate their emotions. Additionally, such dynamics may enhance adolescents' confidence in exploring and practising ER strategies, particularly through their father's expression of emotions (Chiang et al., 2024).

Within the context of parental influence, parental expectations play a significant factor in emotional regulation (Meyer et al., 2024; Wang, 2024). These expectations are a key component of parental attitudes, reflecting the hopes and aspirations that parents hold for their children (Agrahari & Kinra, 2017). In essence, children interpret parental expectations as expressions of affection, which, in turn, shape their personal goals and decision-making processes (Leung et al., 2021; Wang, 2024). By conveying these expectations, children are motivated to meet or exceed them (Wang, 2024). From this perspective, perceived parental expectations and values concerning the regulation of negative moods can significantly impact the efforts devoted to employing constructive strategies (Meyer et al., 2014).

Self-esteem and Parental expectations

It is widely believed that self-esteem arises from relationships with others, particularly with family, which is considered a crucial influence on the development of children's self-esteem (Harris & Orth, 2020; Huang et al., 2022; Keizer et al., 2019). Self-esteem is defined as a collection of thoughts and feelings that encompasses the positive or negative evaluation of oneself, including aspects such as importance, competence and worth; all evolving through life experiences (Huang et al., 2022; Keizer et al., 2019; Pinquart, 2023). The quality of caregiving in early childhood can have a lasting impact on self-esteem well into adulthood by promoting emotional communication, flexibility in problem solving, and good family functioning (Harris & Orth, 2020; Huang et al., 2022; Orth, 2018). High self-esteem reflects a greater tendency to value and accept oneself and is frequently linked to positive life outcomes, such as mental health and academic success (Keizer et al., 2019; Muarifah et al., 2022; Pinquart, 2023). Furthermore, individuals with high self-esteem tend to experience less stress and are considered more confident in addressing the demands of their environment (Muarifah et al., 2022). On the contrary, low self-esteem is associated with negative feelings about oneself including low motivation and feelings of inferiority and rejection (Muarifah et al., 2022; Pinquart, 2023). Additionally, low self-esteem may be associated with behaviours such as social avoidance, excessive seeking of reassurance, and rumination on negative aspects of the self (Huang et al., 2022). These tendencies can influence emotional regulation, and the strategies individuals adopt in response to emotional challenges (Huang et al., 2022; Muarifah et al., 2022).

In regard to parental expectations, it is considered to be an important determinant for adolescents' motivation, self-expectations, and academic performance (Agrahari & Kinra, 2017; Wang, 2024). In principle, parental expectations refer to the beliefs that parents/caregivers hold about their children's future achievements, as well as their ambitions

for their children's lives (Anwar & Qonita, 2019). By acting as a role model, it motivates the achievement of specific goals and acknowledges and praises appropriate behaviours (Agrahari & Kinra, 2017). Expectations may also vary depending on whether parents or caregivers are able or willing to adjust their expectations in response to the effort exerted by their children (Wang, 2024). While realistic expectations can lead to high self-esteem in adolescents through parental support and guidance, unrealistically high expectations can predispose adolescents to discouragement and hinder their ability to achieve their full potential (Agrahari & Kinra, 2017; Pinquart, 2023). Individuals who perceive themselves as valued and accepted by their parents or caregivers are more likely to develop high self-esteem (Pinquart, 2023).

A substantial body of research has highlighted a distinction between main caregivers and secondary caregivers in terms of their influence on the self-esteem of young people, with fathers and mothers conceptualised as having distinct yet complementary roles (Fagan et al., 2014; Keizer et al., 2019; Orth, 2018; Pinquart, 2023). According to Orth (2018), the absence of a father may indirectly influence the development of self-esteem in children and adolescents, particularly by disrupting the mother-child relationships. While the impact diminished by age, its effects persisted into young adulthood (Orth, 2018). Additionally, Kaizer and colleagues (2019) has implied that the mother-child relationship correlates with changes in self-esteem in both sons and daughters, whereas father-child relationship is linked solely to changes in daughters' self-esteem. In contrast, Pinquart (2023) found no significant difference between the influence of mothers and fathers on self-esteem.

In general, a positive parent-child relationship is thought to be essential for the encouragement of a high level of self-esteem (Wang, 2024). Supportive parenting throughout childhood produces numerous benefits for the adjustment of emerging adults, including enhanced self-esteem (Inguglia et al., 2015; Muarifah et al., 2022). Within the context of

emerging adults, the parent-child relationship is influenced by how parents or caregivers respond to their children's pursuit of autonomy and whether they strengthen the sense of individuality (Inguglia et al., 2015). Although some studies suggest that parental roles are becoming increasingly similar and may function more as a cohesion unit in terms of influence, the impact of these roles remains undetermined (Fagan et al., 2014, Golombok, 2017). It is theorised that factors such as the number, gender, and biological relatedness of parents to their children have less influence on child development than the family processes within which these relationships occur (Golombok, 2017). In this context, it is crucial to consider the influence of perceived parental expectations from both main and secondary caregivers in order to accurately assess the unique contributions of each caregiver's relationship quality of the self-esteem of emerging adults.

Rationale for the present study

A great deal of research has explored how parents and caregivers' impact emotional regulation throughout various life stages, including early childhood, middle childhood, adolescence, emerging adulthood, and adulthood. However, there has been comparatively less focus on how these influences exert a lasting impact on emotional regulation in adulthood. Cabecinha-Alati and colleagues (2020) has indicated that adults' perception of their parents' emotional regulation practices during childhood serve as a significant predictor for their own emotional regulation strategies and skills later in life. Furthermore, Cheung and colleagues (2016) suggested that childhood experiences and recollection of intrusive and overprotective parenting may predispose adults to perceive emotional expression as unnecessary or potentially harmful, thereby contributing to an excessive regulation of emotions. Alternatively, Tammilehto and colleagues (2023) demonstrated that such recalled memories serve more effectively as a selection guide than as a means of implementing emotional regulation strategies and skills.

An important aspect of research is the theoretical notion that adult children's perceptions of their caregiver's emotional regulation, rather than the caregivers' self-reported emotional regulation, may have a greater impact on the adult children (Aznar & Battams, 2022; Silva et al., 2018; Van Lissa et al., 2019). Particularly as children's perceptions of parenting serve as a significant source of information, these perceptions may have important implications for their emotional adjustment in adulthood (Van Lissa et al., 2019). To illustrate this point, Sher-Censor and colleagues (2011) found that adolescents reported perceiving their parents as less supportive of autonomy than the parents themselves believed. This variation was most noticeable between adolescents' perceptions of their fathers' behaviours and the fathers' self-perceptions (Sher-Censor et al., 2011). In a study by Rodriguez and colleagues (2015), youth were identified as more accurate reporters of emotional regulation. In addition, Aznar and Battams (2022) observed that parents tend to view themselves as warmer and more accepting, holding a generally more positive perception of their parenting than their children do. Building upon this framework, the present study specifically examines perceived parental expectations among emerging adults, rather than self-reported behaviours. This approach is based on the premise that emerging adults' perceptions of parental expectations may have a more direct impact on their emotional regulation, providing a deeper insight into the hypothesised association between parental expectations and emotional regulation.

Additionally, several studies have highlighted a limitation in examining the effects of parental expectations as a cohesive unit, rather than assessing their impacts on an individual level to ascertain the distinct roles that may play in the parent-child relationship. For instance, Cheung and colleagues (2016) identified mothers' emotion dysregulation as the sole predictor of adolescents' emotion dysregulation. On the contrary, Chiang and colleagues (2024) findings demonstrated that father-adolescent closeness predicted decreased adolescent-

reported dysregulation, indicating that this relationship may cultivate a broad range of emotional regulation skills. Moreover, studies proposed that father's high expectations may contribute to psychological distress and low self-esteem in adults (Are & Shaffer, 2016; Chiang et al., 2024).

To further elaborate on the topic of self-esteem, similar to the limitations previously mentioned in emotional regulation, data on self-esteem is often collected from younger participants, as it is considered a long process that evolves through life experiences (Dong, 2024; Harris & Ort, 2020). Pointedly, Orth (2018) reported that the quality of home environment had enduring effects that persist into young adulthood. In this context, it is important to emphasise the potential link between life experiences related to the home environment and the strategies employed to regulate the emotional processes they involve. In this regard, Fernandes and colleagues (2022) suggested a correlation between low self-esteem and the use of suppression as well as an increased potential risk of adopting maladaptive ER strategies.

Overall, there is little research regarding the combined effects of parental expectations, emotional regulation, and self-esteem, as well as the extent to which these factors are interrelated. This research aims to explore the influence of perceived parental expectations on emotional regulation in emerging adults and how it further affects self-esteem. The intention is to employ six distinct ER strategies (suppression, reappraisal, rumination, engagement, relaxation, and distraction) and to incorporate the variables of main and secondary caregivers (hereafter referred to as caregiver 1 and caregiver 2), thereby extending the focus beyond just mothers and fathers. This study intends to validate, expand upon, and critically challenge existing understanding of this subject.

For the present research, the following research questions and hypotheses are formulated:

Research question 1: How well are emotional regulation levels predicted by the use of emotional regulation strategies and perceived parental expectations (from caregiver 1/ caregiver 2)? Hypothesis for research question 1: Emotional regulation levels are predicted by the use of emotional regulation strategies and perceived parental expectations.

Research question 2: How well is self-esteem predicted by perceived parental expectations (from caregiver 1/caregiver 2) and emotional regulation levels? Hypothesis for research question 2: There is an association between perceived parental expectations (from caregiver 1/caregiver 2), emotional regulation and self-esteem levels in emerging adults.

Research question 3: How well is self-esteem predicted by the use of emotional regulation (ER) strategies and perceived parental expectations (from caregiver 1/caregiver 2)? Hypothesis for research question 3: Self-esteem is predicted by the use of emotional regulation strategies and perceived parental expectations (from caregiver 1/caregiver 2).

Research question 4: Do perceived parental expectations influence emotional regulation, emotional regulation (ER) strategies, and self-esteem differently depending on the gender of emerging adults? Hypothesis for research question 4: The association between perceived parental expectations, emotional regulation, emotional regulation (ER) strategies and self-esteem differs based on the gender of emerging adults.

Methods

Participants

The research sample for the current study consisted of 140 participants (males: n = 55, females: n = 81, non-binary: n = 2, prefer to self-describe: n = 2). A brief description of the study, along with a link to the survey, was distributed through the following social media platforms: Facebook, Instagram, Reddit, and X, formally known as Twitter. To determine the necessary sample size for a statistically powerful analyses, G*Power: Statistical Power Analysis was used. The calculations indicated that, for multiple regression analyses, a sample size of 109 participants would be required to achieve a medium effect size of 0.15, while for correlation analyses, a sample size of 82 participants would be necessary to obtain a medium effect size of 0.30. Therefore, this study aimed to recruit at least 109 participants. The initial sample included 148 individuals. However, eight participants were excluded from the final dataset as they did not meet the inclusion criteria of being over 18 years old and having at least one caregiver.

Measures

Demographics

Participants were asked to provide their gender (female, male, non-binary, prefer to self-describe) and age. They were also asked to indicate whether they currently have one or two caregivers and specify the roles of their caregivers (e.g., mother, father). For further details, refer to Appendix A.

Perceived parental expectations

An adaptation of the Living up to Parental Expectation Inventory (LPEI; Wang & Heppner, 2002) was employed in this study to measure perceived parental expectations. The LPEI is a 28-item Likert scale, with items rated on a 6-point scale ranging from 1 (“not at all expected”) to 6 (“very strongly expected”). To separately capture data for two caregivers

(caregiver 1 and caregiver 2), the term “parents” was replaced with “caregivers”, and two response lines were provided for each item.

The LPEI includes two rating scales: (1) “How strong do you currently perceive these expectations from your caregiver?” (PPE) and (2) “To what extent do you currently perform this behaviour?” (PSP). For the purposes of this study, only the PPE scale was used, as it directly addresses the research focus on participants’ perception of caregiver expectations rather than self-reported behaviours. Wang and Heppner (2002) reported an internal consistency coefficient of .91 for the PPE, demonstrating its strong reliability. Additionally, Anwar and Qonita (2019) evaluated the validity and reliability, finding 25 valid items with a reliability coefficient of .87. The Cronbach alpha coefficient for the current sample was .93 for caregiver 1 and .94 for caregiver 2. See Appendix A for further details.

Emotional regulation

The Difficulties in Emotional Regulation Scale (DERS-SF; Bhat et al., 2024) is a 17-item Likert scale, measured on a 5-point scale ranging from 1 (“not at all”) to 5 (“almost always”). It is a shorter version of the original DERS, designed to measure emotion dysregulation (ED)-related difficulties across six domains: strategies, non-acceptance, impulse, goals, awareness, and clarity. For score calculation, items originally reflecting negative outcomes were reverse-scored to ensure that higher scores indicate greater emotional regulation, with the exception of items 12, 13 and 14. The estimated reliability for the DERS-SF was .86. Construct validity was supported by moderate to strong associations between the DERS-SF subscales and measures of internalising and externalising symptoms (Bhat et al., 2024). The Cronbach alpha coefficient for the current sample was .87. See Appendix A for further details.

Emotional regulation Strategies

The Regulation of Emotion Systems (RESS-EMA; Medland et al., 2020) is a 12-item response scale measured on a 0 to 100 range, where 0 represents “not at all” and 100 represents “very much”. Items begin with the stem “In response to my emotion….” The RESS-EMA measures six emotional regulation (ER) strategies: relaxation, engagement, rumination, reappraisal, distraction, and suppression. Medland and colleagues (2020) estimated multilevel Cronbach’s alphas to assess score consistency, which ranged from .98 to .99. The Cronbach alpha coefficient for the current sample was .78. See Appendix A for further details.

Self-esteem

The Rosenberg Self-esteem Scale (RSE; Rosenberg, 1979) is a 10-item Likert scale, measured on a 4-point scale ranging from 1 (“strongly agree”) to 4 (“strongly disagree”). The scale serves as a continuous measure of self-esteem, with higher scores indicating higher self-esteem. Items 1, 3, 4, 7 and 10 are reverse scored. Amahazion (2021) reported satisfactory internal consistency, with a Cronbach’s alphas coefficient of .82. The Cronbach alpha coefficient for the current sample was .89. See Appendix A for further details.

Design

The present study employed a cross-sectional, quantitative research design, using survey research to collect data. A within-subject design was employed to test the first three hypotheses. Parental expectations and emotional regulation (ER) strategies served as the predictor variables (PV), while emotional regulation and self-esteem were the criterion variables (CV). For Hypothesis 4, a between-subject design was used, comparing gender on measures of emotional regulation, ER strategies, parental expectations, and self-esteem.

Procedure

Data was collected online through a Google Form survey. Before launching the survey, a pilot test was conducted with five individuals to assess the survey's length and identify any potential issues. The average completion time was approximately 11 minutes, and no issues were reported. Based on this feedback, the participation information sheet was updated to indicate that the expected survey completion time was 10-15 minutes, and the survey was then posted online.

The survey was anonymous and self-reported, distributed via social media. A brief description of the study, along with the eligibility criteria for participation, was provided, and interested individuals were invited to click the survey link (see Appendix B). Upon clicking the link, participants were directed to a separate page containing the Information sheet (see Appendix C). Here, they were informed that participation was voluntary, and that they could withdraw at any time without penalty, except after submission of the survey results, as those would be anonymised and untraceable.

The next page contained the Consent form, which outlined the nature of the study (see Appendix D). Participants had to confirm that they had read and agreed to the provided information before proceeding. Following consent, participants were asked to provide demographic information, including age, gender, and caregiver status.

Subsequently, participants completed the following scales (see Appendix A): the Living up to Parental Expectations Inventory (LPEI), the Difficulties in Emotional regulation Scale (DERS-SF). the Regulation of Emotion Systems (RESS-EMA), and the Rosenberg Self-esteem Scale (RSE). The final page of the survey included the Debriefing form, which reiterated the study's nature and thanked participants for their involvement (see Appendix E). Participants were also provided with helpline contact details, such as Aware and Samaritans, in case any items caused psychological distress.

The study was approved by the National College of Ireland's Ethics Committee (see Appendix F) and complied with the Psychological Society of Ireland's Code of Professional Ethics (2010). No incentives were offered for participation, and all participants provided informed consent. The potential risks and benefits of participation were clearly communicated, and it was explained that data from this study would be used for academic outputs, including dissertations, conferences, and peer-reviewed articles.

Results

Descriptive Statistics

The data were collected from a sample of 140 participants (n = 140). The sample consisted of 39.3% males (n = 55), 57.9% females (n = 81), 1.4% non-binary (n = 2) and 1.4% preferred to self-describe (n = 2). In terms of caregiver status, 21.4% (n = 30) reported having one caregiver, while 78.6% (n = 110) reported having two caregivers.

Descriptive statistics were conducted for all continuous variables, including age, emotional regulation, self-esteem, perceived parental expectations (PPE) from caregiver 1 and caregiver 2, and emotional regulation (ER) strategies. PPE from caregiver 1 was reported by 140 participants (n =140) and PPE from caregiver 2 was reported by 110 participants (n = 110). Means (M), Standard Deviations (SD), Medians (MD), and Range were obtained, along with tests of normality. Preliminary analysis indicated that the continuous variables of emotional regulation and PPE from caregiver 2 met the assumptions of normality. On the other hand, a significant result ($p < .05$) from the Kolmogorov-Smirnov test was found for the continuous variables of PPE from caregiver 1, self-esteem, and ER strategies, suggesting a deviation from normality. Data transformations were successfully applied to address skewness in the variable of PPE from caregiver 1. However, the continuous variables of self-esteem and ER strategies were treated as non-normally distributed, as attempts to transform the data did not sufficiently resolve the skewness in these cases. The results for all continuous variables are presented in Table 1.

Table 1

Descriptive statistics for all continuous variables

Variable	*M* [95% CI]	*SD*	Range
Age	23.79 [22.89, 24.70]	5.43	18-44
Emotional Regulation	54.08 [52.05, 56.11]	12.2	23-80
Self-esteem	25.93 [24.84, 27.02]	6.52	11-40
PPE (Caregiver 1)	95.02 [90.77, 99.28]	25.47	42-162
PPE (Caregiver 2)	93.89 [88.80, 98.99]	26.96	40-152
Relaxation	109.93 [100.50, 119.35]	56.41	0-200
Engagement	103.00 [94.13, 111.87]	53.07	0-200
Rumination	138.43 [129.96, 146.90]	50.68	0-200
Reappraisal	126.43 [118.54, 134.31]	47.18	0-200
Distraction	125.07 [116.79, 133.36]	49.58	0-200
Suppression	107.43 [98.19, 116.67]	55.31	0-200

Note: PPE = Perceived Parental Expectations; M [95% CI] = Mean [95% Confidence Intervals]; SD = Standard Deviation

Inferential Statistics

Hypothesis 1

The relationship between emotional regulation and PPE from caregiver 1/caregiver 2 was investigated using a Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Data transformations to address skewness were applied to the variables PPE from caregiver 1. There was a small, negative correlation between emotional regulation and PPE from caregiver 1 ($r = -.26$, $n = 140$, $p = .002$) and a moderate, negative correlation between emotional regulation and PPE for caregiver 2 ($r = -.31$, $n = 110$, $p = .001$). This

indicates that these variables shared approximately 7-10% of the variance. Results indicate that higher PPE from caregiver 1 is a weak association, while PPE from caregiver 2 has a moderate association, with lower levels of emotional regulation.

The relationship between emotional regulation and ER strategies were investigated using a Spearman's Rho correlation coefficient. There was a small, negative correlations between emotional regulation and the ER strategies of rumination ($r = -.22$, $n = 140$, $p = .011$), distraction ($r = -.28$, $n = 140$, $p < .001$), and suppression ($r = -. 26$, $n = 140$, $p = .002$). These results indicate that higher levels of emotional regulation are weakly associated with lower levels of rumination, distraction, and suppression. An overview of all six ER strategies is provided in Table 2.

Table 2

Spearman's Rho correlation between Emotional regulation and ER strategies

Variable	1.	2.	3.	4.	5.	6.	7.
1. Emotional regulation	-						
2. Relaxation	.04	-					
3. Engagement	-.01	.04	-				
4. Rumination	-.22*	.27**	.26*	-			
5. Reappraisal	.15	.50***	.20*	.33**	-		
6. Distraction	-.28***	.22*	.08	.18*	.14	-	
7. Suppression	-.26**	.26*	-.38***	.22*	.16	.39***	-

Note: Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$

Multiple regression analysis was performed to investigate whether emotional regulation scores could be predicted by PPE from caregiver 1/caregiver 2, and ER strategies. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Tests for multicollinearity indicated that all Tolerance and

VIF values were in an acceptable range. Since no a priori hypothesis had been made to determine the order of entry of the variables, a direct method was used for the analysis. The predictors explained 32% of variance in emotional regulation scores ($F(8, 101) = 6{,}04$, $p < .001$). Among the predictors, only ER strategies - rumination and reappraisal - were found to uniquely predict emotional regulation levels to a statistically significant degree. Reappraisal was the strongest predictor in the model, showing a positive relationship with emotional regulation ($\beta = .42$), while rumination represented a negative predictor of emotional regulation scores. Full details are provided in Table 3.

Table 3

Multiple regression model predicting emotional regulation.

Variable	R^2	*B*	*SE*	B	*T*	*p*
Model	.32***					
PPE (Caregiver 1)		-.01	.08	-.01	-.09	.926
PPE (Caregiver 2)		-.12	.07	-.26	-1.54	.126
Relaxation		-.01	.02	.05	.60	.547
Engagement		-.02	.02	-.08	-.85	.398
Rumination		-.04	.02	-.19	-2.07	.041
Reappraisal		.10	.03	.42	4.18	<.001
Distraction		-.04	.02	-.18	-1.98	.050
Suppression		-.04	.02	-.19	-1.74	.084

Note: PPE = Perceived Parental Expectations; R^2 = R – squared; B = unstandardised beta values; SE = Standard Errors of B; β = standardised beta value; T = t - statistic; Statistical significance: ***p < .001

Hypothesis 2

The relationship between emotional regulation and self-esteem was assessed using a Spearman's Rho correlation coefficient. There was a moderate, positive correlation between the two variables ($r = .48$, $n = 140$, $p < .001$). This indicates that the two variables shared approximately 23% of variance in common. Results indicate that higher levels of emotional regulation are moderately associated with higher levels of self-esteem.

The relationship between self-esteem and PPE from caregiver 1/caregiver 2 were investigated using a Spearman's Rho correlation coefficient. There was a non-significant negative correlation between both PPE from caregiver 1 and self-esteem ($r = -16$, $n = 140$, $p = .063$) and PPE from caregiver 2 and self-esteem ($r = -.09$, $n = 110$, $p = .320$). Results indicate that there is no association between PPE from caregiver 1/caregiver 2 and self-esteem.

Multiple regression was performed to investigate whether self-esteem scores were predicted by three variables: PPE from caregiver 1/caregiver 2, and emotional regulation. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range. Although self-esteem was found to be non-normally distributed ($p = .041$), the analysis proceeded as planned, in accordance with the Central Limit Theorem, since the sample size of 140 is large enough to assume that the sample means are approximately normally distributed. Since no priori hypotheses had been made to determine the order of entry of the variables, a direct method was used for the analysis. The three predictors accounted for 27.1% of variance in self-esteem scores ($F(3,106) = 13.10$, $p < .001$). Two of three variables uniquely predicted self-esteem levels in a statistically significant manner. Emotional regulation was the strongest predictor in the model and had a positive relationship with self-esteem ($\beta = .52$). Additionally, PPE from caregiver 2

was a positive predictor of self-esteem, whereas PPE from caregiver 1 was not a significant predictor. See Table 4 for full details.

Table 4

Multiple regression model predicting self-esteem.

Variable	R^2	*B*	*SE*	β	*T*	*p*
Model	.27***					
PPE (Caregiver 1)		-.08	.04	-.31	-1.85	.067
PPE (Caregiver 2)		.08	.04	.33	2.04	.044
Emotional regulation		.27	.04	.52	5.92	<.001

Note: PPE = Perceived Parental Expectations; R^2 = R – squared; B = unstandardised beta values; SE = Standard Errors of B; β = standardised beta value; T = t - statistic; Statistical significance: ***p < .001

Hypothesis 3

The relationship between self-esteem and ER strategies was investigated using a Spearman's Rho correlation coefficient. A small, negative correlation was found between self-esteem and rumination (r = - .19, n = 140, p = .025). No significant correlations were found between self-esteem and the other ER strategies (relaxation, engagement, reappraisal, distraction, suppression). Results indicate that there is little to no association between self-esteem and ER strategies.

The relationship between ER strategies and PPE from caregiver 1/caregiver 2 was investigated using a Spearman's Rho correlation coefficient. There was a small positive correlation between PPE from caregiver 1 and ER strategies suppression and relaxation and between PPE from caregiver 2 and suppression. Results indicate that there is a weak association between these variables. See Table 5 for full details.

Table 5

Spearman's Rho correlation between ER strategies and PPE for caregiver 1 and caregiver 2

Variable	1.	2.	3.	4.	5.	6.	7.	8.
1. PPE (caregiver 1)	-							
2. PPE (caregiver 2)	.85***	-						
3. Relaxation	.18*	.13	-					
4. Engagement	-.08	.02	.04	-				
5. Rumination	.05	.12	.27**	.26*	-			
6. Reappraisal	.15	.18	.50**	.20*	.33***	-		
7. Distraction	.16	.16	* .22**	.08	.17*	.14	-	
8. Suppression	.26*	.24*	.26**	-.38***	.22*	.16	.39***	-

Note: * p < .05; ** p <.01; *** p < .001: PPE = Perceived Parental Expectations

Multiple regression analysis was performed to investigate the combined effects of self-esteem, PPE from caregiver 1/caregiver 2 and ER strategies. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range. Since no a priori hypothesis had been made to determine the order of entry of the variables, a direct method was used for the analysis. The included variables explained 14% of variance in self-esteem scores ($F(8, 101) = 2.05$, $p = .047$). Rumination and reappraisal were the only variables that uniquely predicted self-esteem levels to a statistically significant degree. Reappraisal was the strongest predictor in the model and had a positive relationship with self-esteem ($\beta = .26$). Rumination was a negative predictor of self-esteem. See Table 6 for full details.

Table 6

Multiple regression model predicting self-esteem.

Variable	R^2	*B*	*SE*	β	*t*	*p*
Model	.14*					
PPE (Caregiver 1)		-.09	.05	-.38	-1.96	.053
PPE (Caregiver 2)		.06	.04	.26	1.37	.173
Relaxation		.01	.01	.05	.45	.649
Engagement		-.01	.01	-.11	-.99	.324
Rumination		-.03	.01	-.24	-2.34	.021
Reappraisal		.03	.01	.26	2.31	.023
Distraction		-.01	.01	-.06	-60	.546
Suppression		-.01	.01	-.11	-87	.384

Note: PPE = Perceived Parental Expectations; R^2 = R – squared; B = unstandardised beta values; SE = Standard Errors of B; β = standardised beta value; T = t - statistic; Statistical significance: *p < .05

Hypothesis 4

A series of independent sample t-tests were conducted to compare levels of emotional regulation, PPE from caregiver 1/caregiver 2 and self-esteem between males and females. Preliminary analyses were performed to ensure no violation of the assumptions of normality and homogeneity of variance. A significant difference was found only for self-esteem, with males (M = 27.33, SD = 6.03) scoring higher than females (M = 25.09, SD = 6.61); t (134) = 2.01, p = .047). The magnitude of the differences in the means (mean difference = 2.24, 95% Cl = .03, 4.44) was small (Cohen's d = .35). See Table 7 for full details.

Table 7

Independent sample tests for all six ER strategies between males and females

Variable	*Males*		*Females*		*t(134)*	*p*	*Cohen's d*
	M	*SD*	*M*	*SD*			
Self-esteem	27.33	6.03	25.09	6.61	2.01	.047	.35
Emotional regulation	56.33	11.83	53.19	11.86	1.51	.131	.27
PPE (Caregiver 1)	90.76	20.93	97.32	26.96	1.52	.113	.27
PPE (Caregiver 2)	89.29	22.14	96.25	28.78	1.33	.186	.26

Note: PPE = Perceived Parental Expectations; M = Mean; SD = Standard Deviation; t(df) = t – value (difference); p = p – value, Cohen's d = Cohen's standardised measure of difference

An independent sample t-test was conducted to compare ER strategies (relaxation, engagement, rumination, reappraisal, distraction, suppression) between males and females. Preliminary analyses were performed to ensure no violation of the assumptions of normality and homogeneity of variance. There was a significant difference in scores for engagement, with males (M = 92.91, SD = 48.63) scoring lower than females (M = 111.98, SD = 53.67); t (134) = 2.11, p = .037). The magnitude of the differences in means (mean difference = 19.06, 95% Cl = 36.9, 1.19) was small (Cohen's d = .37). See Table 8 for full details.

Table 8

Independent sample tests for all six ER strategies between males and females

Variable	*Males*		*Females*		*t(134)*	*p*	*Cohen's d*
	M	*SD*	*M*	*SD*			
Relaxation	108.36	58.87	111.98	53.30	.37	.711	.06
Engagement	92.91	48.63	111.98	43.52	2.11	.037	.37
Rumination	142	43.52	140.49	51.95	.18	.855	.03
Reappraisal	125.27	45.33	128.15	45.96	.35	.723	.06
Distraction	130.55	52.01	121.73	48.36	1.02	.313	.17
Suppression	116.18	52.12	101.60	56.37	1.52	.130	.27

Note: PPE = Perceived Parental Expectations; M = Mean; SD = Standard Deviation; t(df) = t – value (difference); p = p – value, Cohen's d = Cohen's standardised measure of difference

The relationship between emotional regulation and PPE from caregiver 2, controlling for gender was investigated using a Pearson product moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a significant small, negative correlation between the variables in females (r = - .29, n = 64, p = .019) and a non-significant, small negative correlation in males. Results indicate that higher levels of perceived parental expectations are weakly associated with lower levels of emotional regulation in females. The relationship between emotional regulation and PPE for caregiver 1 showed a non-significant correlation for both males and females. See Table 9 for full details.

The relationship between self-esteem and emotional regulation, controlling for gender was investigated using a Pearson product moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity,

and homoscedasticity. There was a strong positive correlation between these two variables in males ($r = .63$, $n = 55$, $p < .001$). This indicates that the two variables shared 39.81% of variance in common. In females, there was a moderate positive correlation ($r = .35$, $n = 81$, $p = .001$). This indicates that the two variables shared approximately 12% of variance in common. Results indicate that higher levels of emotional regulation are strongly associated with higher levels of self-esteem in males, but only moderately associated in females (see Table 9).

The relationship between PPE from caregiver 1/caregiver 2, controlling for gender, was investigated using a Pearson product moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Data transformation was applied to the PPE from caregiver 1 variable to address skewness, resulting in a more normal distribution. There was a strong positive correlation between the variables for both males ($r = .91$, $n = 42$, $p < .001$) and females ($r = .83$, $n = 81$, $p < .001$). This indicates that the two variables shared 69-83% of variance in common. Results indicate that higher levels of PPE from caregiver 1 are strongly associated with higher levels of PPE from caregiver 2 (see Table 9).

The relationship between Self-esteem and PPE, controlling for gender, was investigated using a Pearson product moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a non-significant positive correlation for both caregiver 1 and caregiver 2. Results indicate that there is no association between PPE (caregiver 1)/PPE (caregiver 2) and self-esteem, for both males and females (see Table 9).

Table 9

Pearson product-moment correlation between study variables

Variable	1.	2.	3.	4.
1. Emotional regulation				
Males	-			
Females	-			
2. PPE (caregiver 1)				
Males	-.25	-		
Females	-. 17	-		
3. PPE (caregiver 2)				
Males	-.09	.91***	-	
Females	-.29*	.83***	-	
4. Self-esteem				
Males	.63***	-.08	.03	-
Females	.35***	-.07	.00	-

Note: PPE = Perceived Parental Expectations; Statistical significance: * p < .05; ** p <.01; *** p < .001

The relationship between levels of emotional regulation and the use of ER strategies was investigated using Spearman's Rho correlation coefficient. For males, a strong negative correlation was found between emotional regulation and distraction (r = -.52, n = 55, p < .001), indicating that the two variables shared approximately 27.45% of variance in common. For females, there was a small negative correlation between emotional regulation and rumination (r = -.28, n = 81, p = .012) and a moderate negative correlation between emotional regulation and suppression (r = - .34, n = 81, p =. 002). Results of this correlation indicate that higher levels of emotional regulation are strongly associated with levels of distraction in

males, while in females, they are weakly to moderately associated with lower levels of rumination and suppression.

Discussion

The current study aimed to explore the association between perceived parental expectations, emotional regulation, emotional regulation strategies, and self-esteem in emerging adults. Specifically, the study sought to investigate how individuals' perceptions of parental expectations influence their emotional regulation and self-esteem, with focus on differences between the expectations of two different caregivers. Additionally, the study examined six distinct ER strategies (suppression, reappraisal, rumination, engagement, relaxation, and distraction) and assessed their association with the study variables. Prior findings have shown that the social environment, particularly parental influence, significantly impacts emotional regulation skills (Are & Shaffet, 2016; Cabeninha-Alati et al., 2020; Tammilehto et al., 2023). Similarly, research has demonstrated that emotional regulation strategies vary in the context of an individual's relationships with others, as these strategies can take on distinct roles in influencing emotional regulation (Aznar & Battams, 2023; Chiang et al., 2024; Lindsey, 2021). In regard to self-esteem, previous research has highlighted parental expectations as an important determinant of self-esteem in young people (Agrahari & Kinra, 2017; Pinquart, 2023; Wang, 2024).

In examining the first hypothesis (H1), the findings implied a small negative association between emotional regulation and perceived parental expectations from caregiver 1, and a moderate negative association between emotional regulation and perceived parental expectations from caregiver 2. These findings contribute to the notion that there is a distinction between main and secondary caregivers, and that each may play distinct roles in influencing emotional regulation (Are & Shaffer, 2016; Cheung et al., 2019; Chiang et al., 2024). Although the associations are not strong and should not be considered as definitive, it is important to highlight the differences in contributions among caregivers, which may stem

from gender-based parental responses or the underlying relational histories individuals have with their caregivers, particularly secondary caregivers (Chiang et al., 2024; Lindsey, 2021).

Furthermore, with regard to emotional regulation and ER strategies, the findings indicated small negative correlations between emotional regulation and rumination, distraction, and suppression. To some extent, this aligns with research suggesting a link between emotional regulation skills and the strategies individuals adopt in response (Huang et al., 2022; Muarifah et al., 2022). However, the weak nature of these relationships suggests that while there may be some connection between emotional regulation and emotional regulation strategies, the associations are not strong enough to indicate a substantial influence. Other factors, such as supportive emotional socialisation, may play a more significant role in influencing the use of emotional regulation strategies (Cabencinha-Alatu et al., 2020).

The relationships between perceived parental expectations, ER strategies and emotional regulation were explored using multiple regression analysis, which accounted for 32% of the variance in emotional regulation scores. While the results indicated that emotional regulation could be partially predicted by the study variables, only rumination and reappraisal were found to uniquely predict emotional regulation levels at a statistically significant level. Perceived parental expectations from neither caregiver 1 nor caregiver 2 were found to uniquely predict emotional regulation, suggesting their impact might be indirect or mediated through other variables not captured in the analysis. Although previous research suggests that the social environment, specifically parental influence, significantly impacts emotional regulation skills, (Are & Shaffet, 2016; Cabeninha-Alati et al., 2020; Tammilehto et al., 2023), the findings of the current study did not support this notion. This suggests that it may not be the parental expectations themselves, but rather other aspects of parental influence, such as parental warmth or closeness, which play a more substantial role in emotional

regulation (Aznar & Battams, 2023; Chiang et al., 2024; Kaizer et al., 2019). Based on the above findings, hypothesis 1 can be partially accepted.

Concerning the second hypothesis (H2), the findings implied a moderate positive association between emotional regulation and self-esteem. This supports previous research highlighting that higher levels of emotional regulation reflect a greater tendency to value and accept oneself, which contributes to higher levels of self-esteem (Huang et al., 2022; Muarifah et al., 2022; Pinquart, 2023). However, for perceived parental expectations from both caregivers, the findings indicated a non-significant negative association with levels of self-esteem. This suggests that any relationship between self-esteem and perceived parental expectations was likely too weak to be detected in the current study sample. These results contradict prior research, which has shown parental expectations to be a significant determinant of self-esteem through parental support and guidance (Agrahari & Kinra, 2017; Pinquart, 2023; Wang, 2024). This indicates that the relationship may not be as straightforward, and that other factors of parental influence could be involved, such as a positive parent-child relationship and supportive parenting (Inguglia et al., 2015; Muarifah et al., 2022; Wang, 2024).

The potential relationships between self-esteem, emotional regulation and perceived parental expectations were explored using multiple regression analysis, which accounted for 27% of variance in self-esteem scores. Self-esteem and perceived parental expectations from caregiver 2 were the only predictors found to uniquely predict self-esteem to a statistically significant degree. The differences in the strength of the associations between caregiver 1 and caregiver 2 in relation to self-esteem may suggest that other factors, such as the specific nature of the caregiver-child relationship or individual caregiver characteristics, are more influential in shaping self-esteem (Fagan et al., 2014; Golombok, 2017). Previous research highlights that parental acceptance and valuing contribute to the development of high self-

esteem (Pinquart, 2023). Nonetheless, the findings of the current study support previous research that emphasises the distinction between main and secondary caregivers in terms of their impact on self-esteem (Fagan et al., 2014; Keizer et al., 2019; Orth, 2018; Pinquart, 2023). In particular, father expectations appear to be a contributor to self-esteem levels (Are & Shaffer, 2016; Chiang et al., 2024). Based on the above findings, hypothesis 2 can be partially accepted.

The findings related to the third hypothesis (H3) implied a small negative association between self-esteem and rumination, with rumination being the only emotional regulation strategy significantly related to self-esteem. These findings are supported by research linking self-esteem with behaviours such as rumination and excessive reassurance (Huang et al., 2022). However, the lack of significant correlations between other emotional regulation strategies suggests that factors beyond emotional regulation strategies may have a stronger influence on self-esteem.

For perceived parental expectations, the findings revealed a small positive association between perceived parental expectations from caregiver 1 and both suppression and relaxation, Additionally, there was a small positive association between perceived parental expectations from caregiver 2 and suppression. These findings support research suggesting that parental expectations impact the use of emotional regulation strategies (Cabecinha-Alati et al., 2020; Meyer et al., 2024), particularly regarding the use of suppression by secondary caregivers (Lindsey, 2021). However, the weak nature of these relationships implies that, while there may be some connection between perceived parental expectations and the use of certain ER strategies, these associations are not strong enough to indicate a substantial influence. Other factors, such as parental warmth or parental responsiveness, may play a more significant role in determining which strategies are used (Aznar & Battams, 2023; Linsdey, 2021).

The potential relationships between self-esteem, perceived parental expectations and ER strategies were explored using multiple regression analysis, which accounted for 14% of variance in self-esteem scores. Rumination and reappraisal were the only variables found to uniquely predict self-esteem levels to a statistically significant degree. While rumination was negatively associated with self-esteem, reappraisal showed a positive association. Despite the weak associations between the study variables in this model, these results suggest that high levels of rumination are linked to lower levels of self-esteem, while higher levels of reappraisal are associated with higher levels of self-esteem. This is consistent with prior research highlighting the association between low self-esteem and tendencies towards avoidance, reassurance, and rumination (Huang et al., 2022). Perceived parental expectation from neither caregiver 1 nor caregiver 2 were found to uniquely predict emotional regulation in this model. While previous research suggests that parental expectation influences self-esteem (Agrahari & Kinra, 2017; Pinquart, 2023), the findings of the current study do not support this association, indicating that their influence may be indirect or mediated by other variables not captured in the analysis. Based on the above findings, hypothesis 3 is partially rejected, as the observed significant associations were weak.

The findings related to the fourth hypothesis (H4) revealed a small negative association between emotional regulation and perceived parental expectations from caregiver 2 for females, while no significant association was observed for males. No significant correlations were found for perceived parental expectations from caregiver 1 for either males or females. The lack of significance for males suggests that, in this sample, gender plays a small role in how perceived parental expectations from caregiver 2 (but not from caregiver 1) are related to emotional regulation. This is consistent with previous research suggesting that the secondary caregiver-child relationship is linked to changes in daughters' self-esteem (Kaizer et al., 2019), while also conflicting with the notion that the main caregiver influences

self-esteem in both sons and daughters (Kaizer et al., 2019). The weaker associations observed here suggest that other factors may play a role in influencing emotional regulation beyond perceived parental expectations.

With regard to self-esteem and emotional regulation, the findings showed a strong positive association for males and a moderate positive association for females. This suggests that males may rely more heavily on emotional regulation to maintain self-esteem, while for females, self-esteem may be influenced by a broader range of factors in addition to emotional regulation. As for perceived parental expectations from both caregiver 1 and caregiver 2, the results indicated a strong positive association for both males and females. This suggests that perceived parental expectations are likely experienced as a shared and coherent construct across caregivers. While these expectations may have varying levels of influence, possibly through different parental roles and functions (Fagal et al., 2014; Golombok, 2017), the way individuals perceive these expectations from each caregiver to a varying degree aligns.

Additionally, regarding emotional regulation and emotional regulation strategies, the findings implied a strong negative association between emotional regulation and distraction for males. This indicates that males with higher levels of emotional regulation tend to engage less in distraction as an emotional regulation strategy. For females, there was a moderate negative association between emotional regulation and suppression and a small negative association between emotional regulation and rumination. These findings highlight important gender differences in the use of emotional regulation strategies in response to emotional regulation levels. Particularly, when considering that these associations were marked as small without controlling for gender, as opposed to examining them across different genders.

To further explore gender differences in perceived parental expectations and emotional regulation strategies, t-test analyses were conducted. The results revealed a significant difference in self-esteem, with males reporting higher self-esteem than females.

This suggests that, on average, males tend to report slightly higher self-esteem than females. In addition, a significant difference was found for engagement, with males scoring lower than females. Although both differences were statistically significant, the effect sizes were small, indicating that while these differences exist, they are not practically significant. Based on the above findings, hypothesis 4 can be partially accepted.

Practical Implications

The findings of this study hold important theoretical implications, particularly concerning the role of perceived parental expectations in shaping emotional regulation and self-esteem. This study underscores the necessity of exploring additional parental influence beyond expectations, which, in isolation, were found to have a limited impact. To gain a fuller understanding of how family dynamics and functions contribute to emotional development, future research should focus on examining the broader context of family relationships, including communication patterns, parenting styles, and emotional support (Aznar & Battams, 2023; Pinquart, 2023; Wang, 2024). Additionally, the study emphasises the need for a more thorough examination of caregiver characteristics, including emotional availability and relational behaviours, and how these may interact to influence the emotional regulation of emerging adults (Fagan et al., 2014; Golombok, 2017).

The gender differences identified in emotional regulation strategies and self-esteem further highlight the need for tailored approaches in research and practice. By recognising how males and females may approach emotional regulation differently, future studies can develop more nuanced models of emotional development that consider gender as a key factor (Chiang et al., 2024; Lindsey, 2021). This understanding can guide the creation of interventions that address the unique emotional needs of each gender, promoting more effective and personalised support for both males and females in managing emotional challenges.

Strengths and Limitations

The study identifies several limitations. Firstly, self-reported measures were used to assess levels of emotional regulation, and self-esteem, which introduces the possibility of social desirability bias. This bias occurs when participants consciously or unconsciously report lower levels of these traits to present themselves as more emotionally stable or content, in effort to conform to perceived social norms. Although self-reports are a convenient and widely used method, they may not fully capture the complexity of emotional regulation and self-esteem. Future research could benefit from utilising alternative measurement tools, such as implicit association tests to examine these constructs.

Secondly, this study examined perceived parental expectations solely from the perspective of emerging adults. The Living up to Parental Expectation Inventory (LPEI; Wang & Heppner, 2002) originally includes two rating scales; however, for the purposes of this study, only one was used. Future studies would benefit from incorporating both rating scales to provide a more comprehensive analysis. Additionally, there is potential for biased recognition or acknowledgement of these expectations, as perceptions are inherently subjective. Therefore, it would be valuable for future research to gather data from both emerging adults and their caregivers. By comparing these two perspectives, researchers may gain a more comprehensive understanding of the dynamic.

Another limitation of this study is the non-normal distribution of some variables. While these issues were addressed through appropriate statistical methods, such as transformations of non-parametric tests, the non-normality of the data may still affect the generalisability of the results. To mitigate this limitation, future research could benefit from a larger sample size, which would increase statistical power and potentially lead to more robust and generalisable findings.

Despite these limitations, several strengths of the present study were identified. One of the key strengths lies in the representativeness of the sample, particularly in terms of gender. The study included relatively equal distributions of males and females, which enhanced the external validity of the findings and ensured the gender differences in emotional regulation and self-esteem were appropriately considered. This balance also makes the results more generalisable across genders, helping to avoid gender-based sampling bias that could skew the conclusions. However, future studies could benefit from gathering data from a broader range of gender identities, such as non-binary or those who prefer to self-describe, further enhancing the inclusivity and generalisability of the findings.

Another strength of the study is the reliability and validity of the measurement scales used. All scales employed were evaluated for their psychometric properties, ensuring they accurately measure the constructs of the study variables. Even though some scales were adapted to better align with the focus of the current research, the reliability and validity of these scales remained intact. This adaptation allowed the study to tailor its measurements to the specific research context while preserving the integrity of the constructs being assessed.

Finally, the study's use of established methodologies, rigorous data analysis, and careful consideration of relevant factors contributed to its overall strength. While acknowledging its limitations, the study's thoughtful approach provides valuable insights into the role of perceived parental expectations on emotional regulation, emotional regulation strategies, and self-esteem. These strengths ensure that the findings make meaningful contributions to the field and lay the groundwork for future research in this area.

Conclusion

This study expands the current understanding of the association between perceived parental expectations, emotional regulation, emotional regulation strategies, and self-esteem in emerging adults. It contributes to the existing literature by examining the differential

influence of parental expectations from two distinct caregivers. The findings underscore the importance of exploring various forms of parental influence on emotional regulation and self-esteem, challenging the assumption that parental expectations are a singular, definitive predictor of these outcomes. Further research is needed to better understand how emotional regulation and self-esteem are shaped by parental influence, as well as the role of emotional regulation strategies in this process.

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Appendices

Appendix A: Survey Questions

Demographic Information

Gender

- Woman
- Man
- Non-binary
- Prefer to self-describe

Indicate your self-described gender, if applicable

_____

Age (18+)

_____

Parental/Caregiver Status

Please respond in the format: "I currently have…"

- Two caregivers (e.g. mother and father)
- One caregiver (e.g. mother)

Please indicate the specific role of the caregiver(s) (e.g. mother, father)

Note that these will be referred to as "caregiver 1" and caregiver 2" throughout the survey.

_____

Living up to Parental Expectation Inventory (LPEI; Wang & Heppner, 2002)

Please answer the following statements according to your caregiver's expectations.

(Please select "not relevant" if you have only one caregiver)

Note that in this instance, "parental expectation" refers to caregivers.

Rating scale: 1 = Not at all expected, 2 = Rarely expected, 3 = Slightly expected, 4 = Somewhat expected, 5 = Strongly expected, 6 = Very strongly expected, 7 = Not relevant

An example of rating scale: Caregiver 1 1 2 3 4 5 6 7

Caregiver 2 1 2 3 4 5 6 7

1. Caregivers expect me not to offend them verbally/vocally.
2. Caregivers expect me not to do the kind of things that may disappoint them.
3. Caregivers expect me to speak carefully and not to offend people.
4. Caregivers expect me to control/change my bad temper.
5. Caregivers expect me to behave maturely.
6. Caregivers expect me to be modest and polite.
7. Caregivers expect me not to embarrass them ("lose face").
8. Caregivers expect me to talk and to behave cautiously when away from home.
9. Caregivers expect me to respect my older siblings/cousins and to take care of my younger siblings/cousins.
10. Caregivers expect me to be responsible.
11. Caregivers expect me to avoid conflict with siblings/cousins.
12. Caregivers expect me to take care of my physical health.
13. Caregivers expect me not to waste money on unnecessary things.
14. Caregivers expect my academic performance to make them proud.

15. Caregivers expect me to have excellent academic performance.
16. Caregivers expect me to study hard to get a high-paying job in the future.
17. Caregivers expect me to perform better than others academically.
18. Caregivers expect me to honour my parents and family's ancestors.
19. Caregivers expect me to study at their ideal college/university.
20. Caregivers expect me to share the financial burden of the family.
21. Caregivers expect me to study their ideal program/major.
22. Caregivers expect me to find someone who has a good financial status when dating.
23. Caregivers expect me to find someone with an advanced degree when dating.
24. Caregivers expect me to select my dates with his/her family background in mind.
25. Caregivers expect me to find someone who can get along with my family when dating.
26. Caregivers expect me to ask for their approval before starting a dating relationship.
27. Caregivers expect me to date someone who is tall and good looking.
28. Caregivers expect me not to seriously date someone they don't like.

Difficulties in Emotion Regulation Scale (DERS-SF; Bhat et al., 2024)

Please answer the following statements.

Rating scale: Almost never 1 2 3 4 5 Almost always

1. When I'm upset, it takes me a long time to feel better.
2. When I'm upset, I believe there is nothing I can do to make myself feel better.
3. When I'm upset, I believe that I will end up feeling very depressed.
4. When I'm upset, I become irritated at myself for feeling that way.
5. When I'm upset, I feel guilty for feeling that way.

6. When I'm upset, I become embarrassed for feeling that way.
7. When I'm upset, I lose control over my behaviour.
8. When I'm upset, I have difficulty controlling my behaviour.
9. When I'm upset, I become out of control.
10. When I'm upset, I have difficulty getting work done.
11. When I'm upset, I have difficulty focusing on other things.
12. When I'm upset, I acknowledge my emotions.
13. I care about what I am feeling.
14. I pay attention to how I feel.
15. I am confused about how I feel.
16. I have difficulty making sense out of my feelings.
17. I have no idea how I am feeling.

Regulation of Emotion Systems (RESS-EMA; Medland et al., 2020)

Please answer the following statements in response to your strongest negative emotion.

"In response to my emotion…" (0 = not at all, 100 = very much)

Relaxation

1. I tried to slow my heart rate and breathing.
2. I took deep breaths.

Engagement

3. I showed my feelings.
4. I expressed my feelings.

Rumination

5. I thought about the emotional event again and again.

6. I continually thought about what was bothering me.

Reappraisal

7. I thought of other ways to interpret the situation.
8. I looked at the situation from several different angles.

Distraction

9. I engaged in something else to keep busy.
10. I engaged in activities to distract myself.

Suppression

11. I made an effort to hide my feelings.
12. I pretended I wasn't upset.

Rosenberg Self-esteem Scale (RSE; Rosenberg, 1979)

Please answer the following statements according to your self-esteem.

Rating scale: Strongly agree 1 2 3 4 Strongly disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I'm a person of worth.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to think I am a failure.
10. I take a positive attitude toward myself.

Appendix B: A Recruitment Poster

Appendix C: Information Sheet

I am Markéta Slatinská, a final year student at National College of Ireland pursuing a Bachelor of Art in Psychology. As part of my bachelor's studies, I am conducting this research study: *Emotional Regulation in Emerging Adults: The Relationships Between Perceived Parental Expectations, Emotional Regulation Strategies, and Self-esteem.* The project is supervised by Dr Barry Coughlan, Psychology Lecturer at National College of Ireland. The purpose of this study is to explore the influence of perceived parental expectations on emotional regulation in emerging adults and how it further affects self-esteem.

Specifically, the research will examine the relationship between specific emotional regulation strategies and expectations of caregivers and the extent to which self-esteem is impacted by these circumstances. The method proposed for this research project has been approved in principle by the NCI Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed.

Participations in the study will entail a survey, which may take up to 10-15 minutes. Participation in this research is completely voluntary. Although we sincerely hope that you will consent to participate and allow us a small amount of your time to finish the survey.
It is completely up to you whether or not you choose to participate. However, if you decide to do so, you will be asked to sign a digital consent form. Please note again that you may withdraw at any moment without providing a reason.

Initially, we collect demographic information from you, such as your age and gender. Following this, all data collected will be based on your experiences with parental expectations, emotional regulation, and self-esteem.

Your personal information gathered for the study will be archived and kept confidential during the course of research. Only the study team will have access to any information; no other unapproved or third party will receive it. Because of the anonymity of this study, you will not be able to access your individual data. Data from your participation may be used in academic outputs including a dissertation, conferences, and peer-reviewed scientific article. NCI will have responsibility for the data generated by the research. All copies of data saved on personal password protected devices/laptops will be deleted by the student's NCI graduation date or three months after the student exits the NCI psychology programme.

If you need any further information, you can contact me:

Principal Investigator

Markéta Slatinská

x22701645@student.ncirl.ie

National College of Ireland

Supervisor

Dr Barry Coughlan

Barry.Coughlan@ncirl.ie

Psychology Lecturer

National College of Ireland

Appendix D: Consent Form

In agreeing to participate in this research, I understand the following:

1. The method proposed for this research has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named students' responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
2. If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
3. I understand that once my participation has ended, I cannot withdraw my data as it will be fully anonymised.
4. I have been informed as to the general nature of the study and agree voluntarily to participate.
5. All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychological Department in the School of Business
6. I understand that my data will be retained and managed in accordance with the NCI data retention policy and that my anonymised data may be archived on an online data repository and may be used for secondary data analysis. No participants' data will be identifiable at any point.
7. At the conclusion of my participation, any questions or concerns I have will be fully addressed.
8. I understand that data from this study will be used in academic outputs including academic dissertations, conferences, and peer-reviewed scientific articles.

☐ Please tick this box if you have read and agree with all of the above information

☐ Please tick this box to indicate that you are providing informed consent to participate in this study.

Appendix E: Debrief Sheet

Thank you for taking the time to take part in this project.

The research project aimed to examine the influence of perceived parental expectations on emotional regulation strategies and expectations of caregivers and the extent to which self-esteem is impacted by these circumstances.

I do not anticipate any negative outcomes from your participation in this research. However, if you later become concerned while answering questions in the survey or in need of support after completing this survey, please contact one of the resources below.

Text 50808 – 24/7 anonymous helpline.

Samaritans (for assistance, call 116 123) – confidential, non-judgmental 24/7 support.

Aware (for assistance, call 1800 80 48 48 or email supportmail@aware.ie) – support services.

Please note that if you decide that you do not want your data used in this research, you can still decide to do so simply by leaving the website, as you are under no obligation to participate. But please be aware that once your data has been submitted, it cannot be removed due to anonymity.

If you would like any further information about this research project, then please feel free to contact me.

Principal Investigator

Markéta Slatinská

X22701645@student.ncirl.ie

Supervisor

Dr Barry Coughlan

Barry.Coughlan@ncirl.ie

Psychology Lecturer

National College of Ireland

Thank you for taking the time to read this.

Appendix F: Ethics Approval

National College of Ireland
Mayor Street, IFSC, Dublin 1, Ireland

Coláiste Náisiúnta na hÉireann
Sráid an Mhéara, IFSC
Baile Átha Cliath 1, Éire

Tel: +353 1 449 8500
Fax: +353 1 497 2200
email: info@ncirl.ie
Website: www.ncirl.ie

Date: 18.11.2024

Ref: Ethics Approval Number: 18112024x22701645

Proposal Title: *Emotional Regulation in Emerging Adults: The Relationships Between Parental Expectations, Emotional Regulation Strategies and Self-Esteem*

Applicant: Markéta Slatinská

Dear Markéta Slatinská,

Thank you for your application to the NCI Psychology Ethics Filter Committee, and for responding to clarification requests related to the application. I am pleased to inform you that the ethics committee has approved your application for your research project. Ethical approval will remain in place until the completion of your dissertation in part fulfilment of your BA Honours Degree in Psychology at NCI.

Please note that:

- Students are responsible for ensuring that their research is carried out in accordance with the information provided in their application.
- Students must abide by PSI ethics guidelines in completing their research.
- All procedures and materials should be approved by the supervisor prior to recruitment.
- Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made.

Sincerely,

Dr Robert Fox
Chairperson, Psychology Ethics Filter Committee

Ethics Committee members: *Dr Robert Fox (representative on the NCI Research Ethics Subcommittee), Dr Michelle Kelly, Dr Amanda Kracen, Dr Conor Nolan, Dr Lynn Farrell, Dr Fearghal O'Brien, Dr David Mothersill, Dr Michele Kehoe, Dr Barry Coughlan, Dr Conor Thornberry, Dr Brendan Cullen, Cassandra Murphy, Eden Bryan.*