

## *Original Paper*

# Parental Rearing and Conflict Resolution among College Freshmen Students

Hao Sun<sup>1</sup>

<sup>1</sup> Emilio Aguinaldo College, Manila, Philippines

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### ***Abstract***

*The initial foray into college life is a significant stress test of a young adult's ability to resolve conflicts, which is a critical life skill that impacts all facets of their burgeoning independence. As they confront these challenges, the legacy of their parental rearing becomes a potent influence on their capacity to manage conflicts. Moreover, the way students handle disputes and stressors can shape their entire college experience, with ineffective conflict resolution strategies being linked to a host of adjustment difficulties. Despite the central role of conflict resolution in student development, there remains a gap in understanding the precise mechanisms through which parental rearing styles imprint these skills. Addressing this gap is not merely of academic interest but carries substantial practical implications. It is crucial to delve into the intricacies of how early family dynamics shape conflict resolution strategies in college freshmen.*

### ***Keywords***

*parental conflict, Major Depressive Disorder, College Freshmen Students, Cohort study*

## **1. Introduction**

The initial foray into college life is a significant stress test of a young adult's ability to resolve conflicts, which is a critical life skill that impacts all facets of their burgeoning independence. For freshmen students, this often involves negotiating a new balance between study demands, social interactions, and personal growth—all outside the familiar support structures of home. As they confront these challenges, the legacy of their parental rearing becomes a potent influence on their capacity to manage conflicts. The rearing methods employed by parents lay the groundwork for how their children will later approach conflict—whether with resilience and adaptability or with vulnerability to discord and dissonance. Such patterns have far-reaching implications, affecting not just personal well-being but also academic engagement and the potential for successful relationships. Moreover, the way students handle

disputes and stressors can shape their entire college experience, with ineffective conflict resolution strategies being linked to a host of adjustment difficulties.

Morris et al. (2021) reviewed key developments in research on parenting and adolescent development over the past decade. They discussed how parenting affects adolescent peer and romantic relationships, brain development, and interactions with social media. The article also touched on the gene-environment interplay in parenting research and contemporary challenges faced by parents and adolescents. Rodríguez-Meirinhos et al. (2020) examined the role of parental monitoring in adolescent adjustment through the lens of Self-Determination Theory. The study identified different profiles of parental monitoring combined with autonomy support and psychological control, finding that a high monitoring-high autonomy support profile was associated with the most favorable adolescent outcomes, regardless of clinical status. Rothenberg et al. (2019) expanded the scope of parental influence research by using data from 12 cultural groups across nine countries to investigate the bidirectional associations between parental warmth and control, and child externalizing and internalizing behaviors. The study observed consistent child-driven effects on parenting across cultures, while parenting effects on child behaviors were less common but did extend into adolescence. Notably, father-based parenting effects were more frequent than mother effects, suggesting a strong influence of fathers in these dynamics.

These studies collectively demonstrate the significant impact of parenting styles on adolescent development across various dimensions. Whether navigating the challenges of digital parenting, facing global health crises, or understanding the biological underpinnings of development, the role of supportive and authoritative parenting remains consistently vital in promoting adolescent well-being.

Moving from the broader dynamics of parenting styles and adolescent development, the discourse naturally extends to the specific arena of conflict resolution. Parental monitoring, warmth, and control—elements deeply entrenched in cultural norms and individual family practices—not only shape adolescent behavior but also arm them with varying abilities to navigate conflicts. As we delve into the literature on conflict resolution, it becomes evident that the foundational interactions within the family unit lay the groundwork for how young individuals perceive, engage with, and resolve interpersonal challenges. The interplay between established parenting behaviors and the emerging independent agency of adolescents is particularly relevant in understanding the various outcomes in conflict scenarios. In synthesizing these insights, we aim to unravel the threads of connection between parenting strategies and the conflict resolution skills of adolescents, a crucial competency for their social and emotional maturation.

Conflict resolution education has emerged as a crucial element in the development of student's social skills and overall well-being. Çeviker Ay et al. (2019) implemented the Negotiation and Peer Mediation Training Program for elementary students, finding that while the program did not significantly affect problem-solving skills, it was effective in reducing obliging and avoiding behaviors during conflict situations. These findings suggest that negotiation and mediation training can modify students' approaches to conflict, emphasizing the importance of active engagement over avoidance. Shivani and

Ruchi (2019) investigated the transformation of conflict resolution styles among high school students through targeted interventions. Their study revealed that constructive group activities focusing on communication skills, anger management, and social skills could mature students' approaches to conflict resolution. The Thomas-Kilmann Mode Instrument highlighted the shift from potentially adversarial styles to more cooperative and constructive conflict engagement among participants. Dewi et al. (2022) aimed to improve children's conflict resolution skills through the development of Cartoon Art Learning Media (CALM). Using the ADDIE model, they demonstrated that CALM is a valid and effective educational tool for elementary school children, leading to improvements in conflict resolution capabilities. Savchenko et al. (2022) investigated the impact of negative emotional states on the choice of conflict resolution strategies among Ukrainian university students. Using various psychological tests and correlational analysis, they identified a link between emotional states such as rigidity, anxiety, frustration, and the preference for certain conflict resolution strategies. Notably, the study suggests that negative emotional states may influence the selection of less productive conflict resolution strategies due to activated protective mechanisms during states of frustration.

These studies collectively emphasize the importance of tailored educational materials and methods that consider cultural literacy and emotional intelligence to address and manage conflicts effectively. The findings underscore the value of incorporating emotional awareness and cultural understanding in conflict resolution education, aiming to foster more harmonious interactions within diverse communities.

## **2. Method**

### *2.1 Participants*

From April 2018 to October 2019, samples of first-year students from two medical universities in Shandong Province were evaluated twice: baseline assessment and follow-up assessment. The study included a total of 8079 medical students from three campuses (Weifang, Jining, & Rizhao, n.d.) of two medical universities (Jining Medical College and Weifang Medical College) in Shandong Province. Baseline data was collected using libraries on the three campuses, computer-assisted surveys were completed under voice instructions, and informed consent was obtained from each participant before data collection. No financial incentives were provided to participants throughout the study. The Health Research Ethics Committee of Jining Medical College approved the study.

### *2.2 Measurements*

#### *2.2.1 Basic Family Information*

Family factors are assessed on an individual basis, with 23 projects focused on evaluating the home environment. These projects include inquiries into "the current family structure", and "the age and occupation of the parents", as well as questions regarding the participants' assessment of their parents' marital relationship, typical manifestations of parental conflicts, methods for resolving these conflicts, and personal responses to parental discord. Each question necessitates a response from the participant.

### 2.2.2 Egna Minnen Beträffande Uppfostran (EMBU)

The Egna Minnen Beträffande Uppfostran is a questionnaire developed in 1980 by Perris et al., a Swedish clinical psychologist, to assess parenting style. It was revised by Yue Dongmei et al. in 1993 and has been widely used in China. EMBU consists of two sub-scales, father and mother. The father parenting style subscale includes 58 items across six dimensions, including paternal emotional warmth, paternal over-protection, paternal rejection and denial, paternal severe punishment, paternal favoring subjects, paternal excessive interference. The maternal parenting style subscale includes 57 items across five dimensions, including maternal emotional warmth, maternal over-protection, maternal rejection and denial, maternal severe punishment, and maternal favoring subjects. Each item is scored on a 4-point scale: (1) "never," (2) "occasionally," (3) "often, " and (4) "always". Scores on one dimension of the scale are higher than the norm average, indicating that parents prefer parenting styles on this dimension. Cronbach's  $\alpha$  of EMBU in this study was 0.941.

### 2.2.3 Beck Anxiety Scale (BAI)

The BAI consists of 21 items designed to assess anxiety symptoms experienced over the past week. Responses are typically recorded on a 4-point Likert scale: (1) "None," (2) "Mild," (3) "Moderate, " and (4) "Severe." Participants' Baker anxiety scores were collected over the course of a week. The Cronbach's  $\alpha$  for the Chinese version of the BAI is 0.95. In this study, the Cronbach's  $\alpha$  was found to be 0.93.

### 2.2.4 Beck Depression Inventory (BDI)

Depression symptoms were assessed using the Beck Depression Inventory-1, the first version of the Beck Depression Inventory developed by Beck et al. in 1961, which is used to assess the symptoms and extent of depression in both mentally ill and ordinary people. The Beck Depression Inventory consists of 21 items. Each item is scored on a 4-level scale: (0) "not at all," (1) "slightly inconsistent", (2) "slightly consistent", (3) "highly consistent", and the higher the total score, the more severe the depressive symptoms of the subjects. The Chinese version of the Beck Depression Inventory was used in this study. Cronbach's  $\alpha$  of BDI in this study was 0.912.

### 2.2.5 Lifelong Traumatic Events

"Have you ever experienced the death of your parents/grandparents/brothers and sisters?" "Did you experience physical/mental abuse/neglect in your childhood?" Wait. For each question, participants were asked to provide a yes or no answer.

### 2.2.6 Adolescent Self-rating Life Events Checklist (ASLEC)

Stressful life events were assessed through the Adolescent Self-rating Life Events Checklist, a self-rating questionnaire compiled by Liu Xianchen et al., based on domestic and foreign references to evaluate the social pressure of adolescents. It has 27 items covering six aspects: relationships, learning stress, punishment, loss of family, friends, and possessions, health, and adjustment. Each item is a life event, and the study subjects according to whether the life event occurred: (0) "no", (1) "yes", if the event occurs, continue to choose the degree of impact: (0) "No effect", (1) "mild effect", (2) "moderate

effect”, (3) “severe effect”, (4) “quite a severe effect”. The higher the score, the greater the pressure. Cronbach’s  $\alpha$  of ASLEC in this study is 0.888.

### 2.3 Statistical Methods

For the initial research question, which seeks to establish the demographic details of the participants, the data will be presented through frequency counts and percentages. The investigation of parental rearing practices will constitute the second research question, analyzed via the calculation of means and standard deviations to measure central tendencies and dispersion. To discern the variations in parental rearing as influenced by demographic characteristics, techniques such as the Independent t-test and Analysis of Variance (ANOVA) will be utilized.

The third research question will focus on evaluating the conflict resolution strategies of the respondents, again employing mean scores and standard deviations for a comprehensive assessment. Differences in conflict resolution approaches, informed by demographic variances, will be examined using Independent t-test and ANOVA, providing insights into the relationship between upbringing and dispute management styles.

Finally, the last research question will probe the correlation between the style of parental rearing and the efficiency of conflict resolution, for which the Pearson  $r$  correlation coefficient will be calculated. This will ascertain the strength and direction of the association between these two essential constructs. This structured analytical strategy is intended to produce rigorous and actionable insights pertinent to the aims of the investigation.

## 3. Results

Table 1 presents the initial characteristics of the cohort. The study included a sample of 8079 first-year medical students, aged between 13 and 30, comprising of 3225 males (39.92%) and 4854 females (60.08%). Among the participants, 2995 (37.07%) resided in urban areas while 5084 (62.93%) were from rural areas. In terms of data collection areas, 4428 students (54.81%) were from Jinan, 1066 students (13.19%) were from Rizhao, and 2585 students (32.00%) came from Weifang. Furthermore, among the participants, it was found that 4922 students (61.55%) came from families with only child or non-only child, while 3075 (38.45%) were the only child. The study also revealed that 437 participants reported lifetime major depression at baseline, whereas the remaining 7476 participants stated they had never experienced major depression before.

Table 2 presents the analysis of differences in college students’ basic information and parental conflict resolution methods in relation to the incidence of MDD among college students. The study revealed that certain parental conflict resolution methods, including apology ( $\chi^2=4.77$ ,  $p<0.05$ ), persistent conflict ( $\chi^2=18.02$ ,  $p<0.05$ ), and cold war ( $\chi^2=5.88$ ,  $p<0.05$ ), were associated with differences in the lifetime incidence of MDD among college students. Additionally, seeking help from relatives ( $\chi^2=4.07$ ,  $p<0.05$ ), avoiding ( $\chi^2=4.08$ ,  $p<0.05$ ), and perplexing ( $\chi^2=5.73$ ,  $p<0.05$ ) also showed significant differences.

Table 3 presents the findings of logistic regression analysis, indicating that apology emerged as the most significant factor in parental conflict resolution (OR=0.70; 95% CI: 0.49-0.96), serving as a protective factor for major depressive disorder (MDD) among college students. Conversely, persistent conflict (OR=3.11; 95% CI: 1.79-5.39) and Cold War dynamics (OR=1.63; 95% CI: 1.09-2.42) were associated with a significantly higher lifetime incidence of MDD in this population. Furthermore, participants who sought support from relatives during parental arguments (OR=1.86; 95% CI: 1.02-3.40), engaged in avoidance behaviors (OR=1.52; 95% CI: 1.01-2.29), or experienced feelings of being lost (OR =1.76; The lifetime incidence of MDD was significantly higher in patients with this symptom compared to those without it, with a confidence interval of [95%CI:1.10-2.82]. These results were statistically significant and demonstrated a meaningful difference at  $P<0.05$  level.

In individuals with no prior history of major depression, we conducted a study to compare the cumulative incidence of the disorder over a one-year period. We utilized random-effects logistic regression (Table 3) to assess the frequency and symptoms of parental conflict, methods of conflict resolution, child performance, and risk of MDD. Our findings revealed that these factors, along with long-term physical abuse, were significantly associated with an increased risk of MDD. Furthermore, our multivariate analysis showed that while the correlation slightly weakened, it remained statistically significant.

**Table 1. Descriptive Analysis of the Sample Population**

Variables		n	%
Sex	Male	3,225	39.92
	Female	4,854	60.08
Total		8,079	100.00
Lifetime MDD	No	7,476	94.50
	Yes	437	5.50
Total		7,913	100.00
Residence	Urban	2,995	37.07
	Rural	5,084	62.93
Total		8,079	100.00
Single Child	No	4,922	61.55
	Yes	3,075	38.45
Total		7,997	100.00
Campus Sites	Jining	4,428	54.81
	Rizhao	1,066	13.19
	Weifang	2,585	32.00
Total		8,079	100.00

<b>Severe lifetime traumatic events</b>	0	2,170	27.59
	one	3,354	42.64
	2	1,351	17.18
	≥3	991	12.59
<b>Total</b>		7,866	100.00
<b>Baseline depression score*</b>	level0	4,132	52.21
	level1	3259	41.18
	level2	424	5.35
	level3	73	0.92
	level4	25	0.34
<b>Total</b>		7,913	100.00
<b>Baseline anxiety score**</b>	< 45	7,807	97.61
	≥45	191	2.39
<b>Total</b>		7,998	100
<b>Variable</b>	Mean	Std. Dev.	
<b>Age</b>	18.36	0.86	

\* PHQ-9: level 0 (0-4), level 1 (5-9), level 2 (10-14), level3 (15-19), and level 4 (≥20) (K et al., 2001).

\*\* BAI: (Beck et al., 1988).

**Table 2. Frequency of Different Parental Conflict Types, and Prevalence of Lifetime MDD among each**

Variables		Frequency ( n=6201)	Percentage of those with MDD(%)	$\chi^2$	P
Sex	Male	2428(39.2)	0.8	1.40	0.236
	Female	3773(60.8)	one point six		
Residence	Urban	2926(37.0)	0.9	0.01	0.972
	Rural	3905(63.0)	1.5		
Single Child	No	3760(61.2)	1.4	0.078	0.78
	Yes	2380(38.8)	1.0		
Campus Sites	Jining	3851(62.1)	1.3	4.17	0.04
	Weifang	2350(37.9)	1.1		
Severe lifetime traumatic events	0	1760(28.4)	0.6	35.96	<0.001*
	one	2640(42.6)	0.7		
	2	1059(17.1)	0.5		

	≥3	738(11.9)	0.6		
Baseline depression score*	0-4	3353(54.1)	0.8	96.46	<0.001*
	5-9	2528(40.8)	1.0		
	10-27	320(5.2)	0.5		
Baseline anxiety score**	< 45	6074(98.0)	2.3	5.87	0.015
	≥45	123(2.0)	0.1		
Stressful life events	0-3	1486(24.0)	0.3	52.43	<0.001*
	4-6	1835(29.6)	0.5		
	7-9	1511(24.4)	0.5		
	≥10	1365(22.0)	1.1		
Forms of parental conflict					
verbal attack/quarrel	no	2020(32.58)	1.93	2.67	0.102
	yes	4181(67.42)	2.61		
occasional physical violence/fights	no	5530(89.18)	2.13	14.02	<0.001*
	yes	671(10.82)	4.47		
long-term physical abuse	no	6180(99.66)	2.36	4.61	0.032*
	yes	21(0.34)	9.52		
occasionally silent treatments/silly faces	no	3419(55.14)	2.25	0.59	0.441
	yes	2782(44.86)	2.55		
chronic cold violence/ignorance of each other	no	5720(92.24)	2.19	12.84	<0.001*
Parental conflict resolution	yes	481(7.76)	4.78		
apologize/negotiation/friendly interaction	no	3306(53.31)	2.78	4.77	0.029*
	yes	2895(46.69)	1.93		
change the subject/avoid the problem	no	4230(68.21)	2.41	0.04	0.852
	yes	1971(31.79)	2.33		
obey each other on the surface	no	5744(92.63)	2.32	1.69	0.192
	yes	457(7.37)	3.28		
persistent conflict	no	5974(96.34)	2.23	18.02	<0.001*
	yes	227(3.66)	6.61		
In the face of parental conflict, students' forms of expression					
silent treatment	no	5292(85.34)	2.19	5.88	0.015*
	yes	909(14.66)	3.52		



Intervene directly and comfort	no	3566(57.51)	2.58	1.35	0.246
	yes	2635(42.49)	2.13		
keep neutral	no	3827(61.72)	2.64	2.73	0.098
	yes	2374(38.28)	1.98		
support one party	no	5633(90.84)	2.31	1.65	0.200
	yes	568(9.16)	3.17		
you believe it is your fault	no	6109(98.52)	2.36	1.54	0.214
	yes	92(1.48)	4.35		
express dissatisfaction	no	5359(86.42)	2.31	0.90	0.343
	yes	842(13.58)	2.85		
divert parents' attention	no	4693(75.68)	2.32	0.34	0.560
	yes	1508(24.32)	2.59		
distract yourself	no	5916(95.40)	2.33	1.61	0.204
	yes	285(4.60)	3.51		
ask your relatives for help	no	5915(95.39)	2.30	4.07	0.040*
	yes	286(4.61)	4.20		
Ignore	no	5558(89.63)	2.30	1.61	0.204
	yes	643(10.37)	3.11		
Avoidance	no	5302(85.50)	2.22	4.08	0.043*
	yes	899(14.50)	3.34		
at a loss	no	5661(91.29)	2.24	5.73	0.017*
	yes	540(8.71)	3.89		

\* Statistically significant p-values ( < 0.05).

**Table 3. The Frequency and Manifestation of Parental Conflict, the Way of Conflict Resolution and the Performance of Children (Using Inexperienced Participants as Reference Points) Are the Possibilities of Developing MDD among Children**

MDD	primary data		Adjust data		
	Or (95% confidence interval)		Model 1	Model 2	Model 3
<b>Frequency of parental conflict</b>					
<b>once in a while</b>	1.21(0.81-1.81)		1.19(0.80-1.79)	1.19(0.80-1.79)	1.11(0.74-1.67)
<b>Frequently</b>	2.38(1.51-3.76)		2.35(1.48-3.71)	2.35(1.49-3.72)	2.06(1.30-3.28)
<b>always</b>	2.47(1.45-4.24)		2.44(1.42-4.1)	2.46(1.43-4.2)	1.96(1.12-3.4)

		7)	1)	1)
<b>What are the usual manifestations of the contradiction between parents?</b>				
<b>Occasional physical violence/fighting</b>	2.15(1.43-3.23)	2.14(1.42-3.22)	2.13(1.41-3.2)	1.73(1.14-2.65)
<b>Long term physical abuse</b>	4.35(1.00-18.85)	4.35(1.01-18.86)	4.25(0.98-18.43)	3.45(0.78-15.23)
<b>Chronic cold violence/ignorance of each other</b>	2.25(1.43-3.54)	2.24(1.42-3.52)	2.22(1.41-3.51)	1.97(1.24-3.12)
<b>How do your parents usually solve their conflicts?</b>				
<b>An apology/negotiation/friendly interaction</b>	0.70(0.49-0.96)	0.68(0.48-0.95)	0.68(0.48-0.95)	0.73(0.52-1.02)
<b>Ongoing conflict</b>	3.11(1.79-5.39)	3.06(1.76-5.32)	3.04(1.75-5.29)	2.48(1.41-4.36)
<b>Cold War</b>	1.63(1.09-2.42)	1.60(1.08-2.39)	1.61(1.08-2.40)	1.46(0.97-2.18)
<b>What do you usually do when your parents have conflicts?</b>				
<b>Ask your relatives for help.</b>	1.86(1.02-3.40)	1.83(1.01-3.34)	1.83(0.99-3.34)	1.62(0.88-2.97)
<b>escape</b>	1.52(1.01-2.29)	1.50(0.99-2.25)	1.50(0.99-2.25)	1.31(0.86-1.98)
<b>confused</b>	1.76(1.10-2.82)	1.73(1.08-2.77)	1.72(1.08-2.76)	1.49(0.93-2.41)

Model 1: Controlling Age and Gender.

Model 2: Control age, sex and negative life events in the past 12 months.

Model 3: Control age, sex, negative life events in the past 12 months and lifelong traumatic events.

#### 4. Discussion

We discovered that participants who remembered their parents' disagreement had increased comorbidity with MDD using data from 8079 Chinese first-year college students. After adjusting for significant confounding variables, the results indicated that occasional physical violence or fights, long-term physical abuse, chronic cold violence or ignorance of each other, and even persistent conflict or silent treatment to resolve the conflict were linked to one year increased risk of developing first-onset MDD. Most research on the influencing factors of depression mainly focus on the impact of direct physical trauma(Yrondi et al., 2020). Growing up and developmental stages in different types of

trauma exposure could have differential effects on brain structure and function (van Rooij et al., 2020). According to a prior study (Li et al., 2021), Chinese undergraduate students frequently reported having experienced childhood hardships, which raised their risk of developing depression in their early adult years. The study's results also supported the comorbidity between MDD and a history of exposure to parental conflict.

In the baseline data, a chi-square test of baseline data revealed a significant difference in the risk of first onset MDD ( $P < 0.05$ ) between participants whose parents displayed apology, negotiation, or friendly interaction to resolve conflicts and participants whose parents displayed apology, negotiation, or friendly interaction to resolve conflicts and parents did not adopt these methods. Therefore, we conducted the random effects logistic regression and multivariate analysis and found that conflict resolution played a protective role in the risk of first onset MDD. A prior study revealed a link between children's conduct issues and a poor marital conflict management approach (Webster-Stratton & Hammond, 1999). Additionally, according to a parenting recommendation, reducing domestic friction could aid parents in shielding their kids from depression and anxiety problems (Yap et al., 2015). Friendly performance is conducive to solving parental conflicts.

When experiencing parental conflicts, asking their relatives for help, avoiding, or being at a loss is typical avoidance (LeDoux et al., 2017). LeDoux et al. (LeDoux et al., 2017) stated that avoidance is a standard and adaptive reaction to danger but that excessive or pointless avoidance is a sign of anxiety disorders. Previous research also indicated that avoidance could have adverse effects (Holahan & Moos, 1987). Anxious individuals often avoid situations in which threats might arise. Avoidance coping is a highly effective way to reduce symptoms associated with fear and anxiety (LeDoux et al., 2017). From the research of Ivan Pavlov and John Watson to the recent related research (LeDoux et al., 2017; Servatius, 2016), science-based avoidance behavior has evolved into psychopathology. Anxiety disorders, for instance, are susceptible to avoidance behavior (Moffitt et al., 2007). People who express Behavioral Inhibition (BI) show increased expression of avoidance (Allen et al., 2014). Our study showed that children's avoidance behavior caused by parents' conflicts is also coinfecting with the first-time onset of MDD in children.

Our results suggest that reducing parental conflict can reduce first-year medical university students' risk of new-onset MDD. At the same time, friendly and positive solutions to the existing parental conflicts can also help to reduce the potential risks of new MDD. Furthermore, close attention should be paid to students with MDD. Effective measures should be taken, including a timely understanding of their mental health status and regular provision of psychological counseling.

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