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Adolescents' Social Emotional Health, Stress Resilience and Perceived Parenting Styles

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ABSTRACT

The current study adopts a holistic and positive psychological approach to mental health, focusing on the emotional and social health domains of adolescents. The focus is on the correlation between adolescents' social emotional health, stress resilience and their perceived parenting style. Research methodologies: The Social Emotional Health Survey System (SEHS-S, Furlong et al., 2014); Brief Resilient Coping Scale (Sinclaire, Wallston, 2004); The parenting styles questionnaire (EMBU, Arrindell, 1999). Participants: 160 adolescents between 12 and 18 years of age. Research results: all parenting styles (except rejection) perceived by adolescents are significantly positively related to overall social emotional health (SEHS-S) index Covitality; adolescents stress resilience significantly positively correlates with all sub-scales of social emotional health and with the overall Covitality index. Effective communication between parents and children could help prevent or mitigate many problems and stresses during adolescence and contribute to positive development in adulthood.

Keywords: Adolescent, Social Emotional Health, Stress Resilience, Perceived Parenting Styles

INTRODUCTION

Traditional clinical research has focused mainly on diagnosing the presence or absence of mental disorders [22]. However, the World Health Organisation [47] emphasises that mental health extends beyond the mere absence of psychological symptoms; it embraces holistic mental and social well-being. Given this perspective, it becomes particularly relevant to conduct research that specifically addresses adolescents' ability to navigate the development-related psychosocial challenges. Research indicates that the more strengths adolescents acquire, the more positively they develop as individuals [29]. From the perspective of positive psychology, adolescents' strengths positively correlate with various aspects of development, including life satisfaction, mental health, psychological well-being, belief-in-self, belief-in-others, and emotional competence [14, 30].

Social Emotional Health

The current study adopts a holistic and positive psychological approach to mental health, focusing on the emotional and social health domains of adolescents. Adolescent emotional and social health constitutes a multidimensional construct, which includes a combination of psychological strengths or positive dispositions within an individual: belief-in-self, belief-in-others, emotional competence, and engaged living [15].

M. Furlong's model of socio-emotional health is based on positive youth development perspective. The concepts of adolescent social and emotional health include the adolescent's relationships with family, school, and peer group, as well as the development of a sense of identity, self-respect, and self-belief, with interactions and synergy among these factors. Several scientific studies have demonstrated the suitability of the social and emotional health model [14, 15]. The Social Emotional Health Model of mental health consists of four main positive domains and 12 subscales as psychological indicators of mental health. The domain of Belief-in-Self includes Self-Efficacy, Persistence, and Self-Awareness. The domain of Belief-in-Others comprises Family Support, Institutional Support, and Colleague Support. Emotional Competence consists of Cognitive Reappraisal, Empathy, Self-Regulation, and the last domain, Engaged Living, includes Gratitude, Zest, and Optimism. The overall Social Emotional Health is referred to as Covitality, which is a positive construct resulting from the interplay among multiple co-occurring positive psychological mental health indicators.

Resilience

Resilience is intricately linked to social and emotional health, with strengths in these areas often correlating with higher levels of mental well-being and resilience. Various authors have defined resilience [12,35,47]. Wagnild and Young [45,46] describe resilience as a personality trait that buffers against the negative impacts of stress and facilitates adaptation. Psychological resilience is a self-related behavioural component that emerges as a dynamic balance between the self and environmental demands, eventually solidifying into a stable trait over time [33]. Resilience, as a personality characteristic, empowers individuals to navigate life's challenges, particularly in the face of unexpected or long-term stressors [34]. It has been shown to have positive effects on health, life satisfaction, and overall quality of life, while also serving as a preventive measure against depression onset [26]. In this respect it should be mentioned that resilience, which is prone to changes, is a life-long process of capacity and strength development that enables the individual to face demanding situations, adversity, and to help with problem solution. In adolescence, resilience plays a crucial role in shaping social and emotional well-being. Adolescents with higher levels of resilience tend to exhibit better mental health outcomes and demonstrate greater capacity to cope with stressors and setbacks [25,37]. Factors that contribute to resilience in adolescents include positive relationships, self-efficacy, emotional regulation, and problem-solving skills. Educational and preventive interventions can serve as a valuable means of nurturing adolescent resilience [17].

Parenting Styles

Parenting plays a crucial role in child's psychological health, including subjective well-being. Many researchers raise important questions about which type of parenting is most optimal for the development of their children [6,49]. D. Baumrind outlines three distinct parenting styles: authoritarian, authoritative, and permissive [3,40]. However, contemporary literature suggests the existence of different parenting styles proposed by various authors: authoritarian,

permissive, neglectful, over-protective, authoritative, and others. Parenting style consists of two main elements: parental sensitivity and demandingness. Parental sensitivity shapes children's self-regulation and self-protection. Parental demandingness aims to integrate children into the whole family by making adult demands on them and teaching discipline [41]. We will provide a concise overview of some of the most frequently examined parenting styles in the analysed scientific literature. Over-protective parenting is characterised by excessive parental involvement, stringent achievement standards and strict control [25]. This parenting style has been identified as a significant predictor of social anxiety among adolescents and young adults [39]. Over-protective behaviours, such as restricting social interactions and discouraging risk-taking, may undermine the development of self-esteem and exacerbate social anxiety by hindering individuals from acquiring the necessary skills and confidence to navigate social situations [5]. Moreover, over-protective parenting may impede independence, limiting opportunities for social engagement and skill development, thus contributing to social anxiety [36]. Emotional warmth parenting is characterized by warmth, attentiveness, and non-intrusive support, coupled with respect for the child's autonomy. Parents tailor their expectations and demands to their children's developmental stage and reasonable desires. They maintain clear expectations about school, peer interactions, and adult relationships. Rather than relying on punishment, these parents establish rules and boundaries through open discussion and reasoning. They actively support and foster their child's independence. This parenting approach, also known as democratic or supportive parenting, has been extensively studied [1,2]. Research suggests that cultivating a democratic family atmosphere has a more positive impact on children than punitive disciplinary methods. Strong parent-adolescent relationships are nurtured through democratic communication, mutual partnership, and respect for autonomy [44].

Warm and supportive behaviours exhibited by parents can provide future adults with a sense of security and emotional stability, thereby buffering them against the development of social anxiety. Furthermore, such parenting practices can facilitate the acquisition of crucial social skills, including effective communication and problem-solving skills, which are essential for navigating complex social interactions [37]. A higher level of empathy has been observed in children raised using authoritative parenting styles [13, 31]. In the context of adolescence, parents play a significant role in the development of empathy. This highlights the influence of parenting style and attachment types on the cultivation of empathy. In particular, an authoritative parenting style has been linked to secure attachment [48]. Mindful parenting represents a non-traditional approach characterised by specific practices such as active listening, emotional awareness, non-judgmental acceptance, self-regulation, compassion, and self-awareness. These practices collectively foster an environment conducive to the development of emotional intelligence [10, 27, 28].

In our examination of parent-child relationships, we rely on Eisemann's model [11], which defines the following parenting styles: rejection, emotional warmth, and over-protection. Briefly, the rejection parenting style manifests itself through physical punishment, hostility, lack of respect, and criticism of the child in front of others. Rejection can be overt or covert, and covert rejection involves attempts to conceal true attitudes toward the child through exaggerated attention or strict behavioural control. In instances of disobedience, parental punishment tends to be severe, often taking on physical forms. When instructing the child, parents typically provide directive verbal commands and frequently undertake the actions

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themselves, disregarding the child's needs in favour of exerting control over the situation. To summarize, parenting styles and family relationships are likely to influence an adolescent's resilience, coping abilities, and overall social and emotional well-being. Although the association between parenting styles and social emotional health has received some attention, the novelty of our work lies in exploring the link between social emotional health, stress resilience, and perceived parenting styles in adolescence. Research on these aspects is lacking.

Aim of the study: to examine adolescents' social and emotional health, stress resilience, and their perceived parenting styles, and to determine their interrelationship, and to compare their socio-demographic variables.

RESEARCH METHODOLOGIES

The Social Emotional Health Survey (SEHS-Secondary). SEHS-S was developed to measure the components of the Covitality construct among youth by Furlong et al. [14]. The double translation was done by A. Petrulytė and J. Bagdonavičiūtė. The SEHS is a universal screening instrument for assessing students' Covitality, which has three versions: primary, secondary, and higher education. In the present study our focus is on the Social Emotional Health Survey–Secondary (SEHS–S), which is appropriate for using with adolescents ages 12 to 18 years old. The SEHS-S includes 36 items for the assessment of core psychosocial assets based on a higher-order model consisting of 12 first-order and four second-order latent traits, and a higher-order general factor (called Covitality). The first domain, called belief-in-self, consists of three subscales: self-efficacy, self-awareness, and persistence. The second domain, called belief-in-others, includes three subscales: school support, peer support, and family support. The third domain, known as emotional competence, contains three subscales: emotion regulation, empathy, and behavioural self-control. Engaged living, which is the final domain, is made up of three subscales: gratitude, zest, and optimism. For 10 of the 12 subscales, the students' responses are recorded using a four-point scale (1 = not at all true of me, 2 = a little true of me, 3 = pretty much true of me, and 4 = very much true of me). The subscales for measuring gratitude and zest used a five-point response scale: (1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a lot, 5 = extremely). Social Emotional Health has four levels of Covitality: low - ≤85; below average - 86-106; above average - 107-127; and high - ≥128. The mean score for the 14-18 age group studied by Furlong [14] was 109.5. The overall SEHS-S score for all surveyed students is 81.54 (std. error - 46.345). According to the norms established by the authors [14], adolescents participating in this study fall into the low level.

Brief Resilient Coping Scale by Sinclaire, Wallston [38]. The scale comprises four statements with possible responses ranging from 4 (low resilience) to 20 (high resilience). It is freely available for research and educational purposes, provided proper citation and acknowledgment of the authors. The scale was translated by A. Petrulytė and L. Būdaitė. Example statements include: "I seek creative ways to change difficult or complicated situations" and "Despite what happens to me, I believe I can control my reactions to it." The scale categorises resilience into three levels: low (4-13 points), medium (14-16 points), and high (17-20 points). The research data indicates that the average score for all tested students is 13.39. According to the norms established by the authors [38], adolescents in this study fall into the low resilience level.

The parenting styles questionnaire EMBU (*Swedish*: Egna Minnen Betraffande Uppfostran, *in English:* My memories of upbringing). It is the most widely used measurement tool for research subjects to assess perceptions of their parents' upbringing and care in foreign countries [2]. The questionnaire has been translated into Lithuanian by R. Žukauskienė with the permission of Martin Eisemann, one of its authors. The methodology has been approved [24]. Considered a robust indicator of parental parenting style, the questionnaire exhibits high internal consistency across its scales, with coefficients ranging from 0.81 to 0.84. It is grounded in adolescents' self-concept. In this study is used the short form of the EMBU questionnaire, which is designed to investigate perceptions of children and adolescents regarding parenting. The EMBU has three scales: rejection, emotional warmth and over-protection. As there are separate scales to assess the parenting style of the father and mother, a total of six scales are used. Exclusion manifests itself in the use of physical punishment, rejection of the child as an individual, hostility, lack of respect, reprimanding, and criticism of children in front of others. Emotional warmth refers to warmth and attention, non-intrusive help, respect for the child's point of view and intellectual stimulation. Excessive care is manifested by excessive parental concern, strict control, high standards of achievement, the imposition of rigid rules, and demands for obedience. The questionnaire comprises 23 statements, with each scored on a 4-point scale: 1 - "no, never", 2 - "yes, but rarely", 3 - "yes, often", and 4 - "almost always". The total score is derived by summing the responses to all statements on the scale. The abbreviated version of the EMBU questionnaire has been adapted for use in Lithuania to explore children's and adolescents' perceptions of their parents' parenting. The internal consistency of the EMBU questionnaire is quite strong (0.859).

PARTICIPANTS, RESEARCH PROCEDURE AND SURVEY DATA PROCESSING

The research participants included 160 students ranging from seventh to twelfth grade in the gymnasium. They resided in both metropolitan cities (Vilnius, Kaunas) and district towns (Švenčionys, Šakiai, and Ignalina). The age range of the adolescents involved in the study was between 12 and 18 years. Distribution of students participating in the study by age. (see Fig. 1)

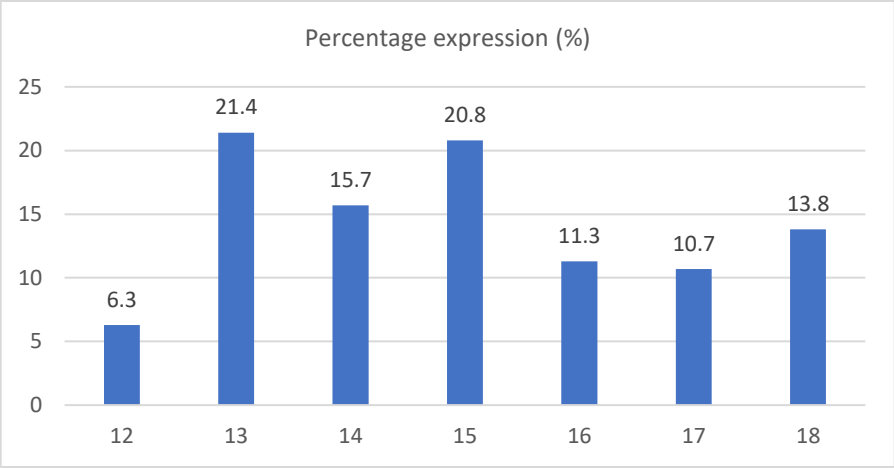


Fig. 1: The age of students.

The total number of students from the city is 102 (63.7%), and from the districts - 58 (36.3%). The distribution of students by specific cities and district towns is presented in Figure 2.

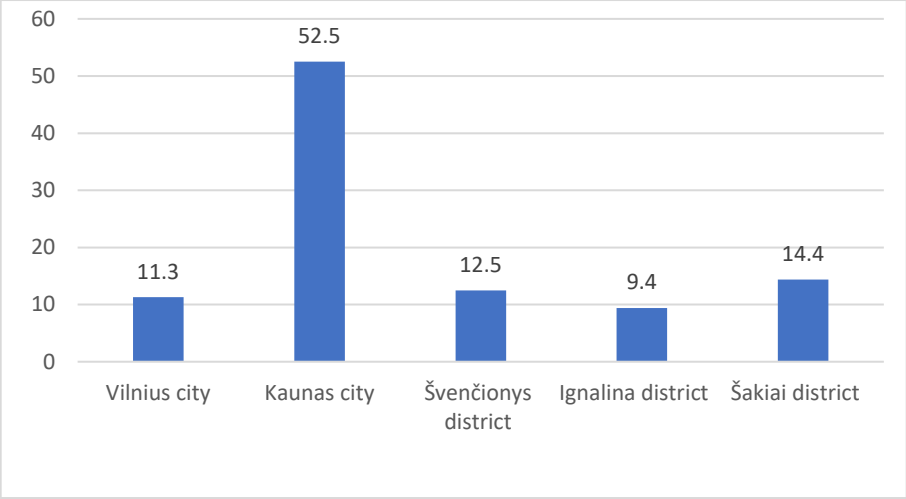


Fig. 2. School of students: city/district

Distribution of students according to the number of children in the family: small family and large family (see Fig. 3).

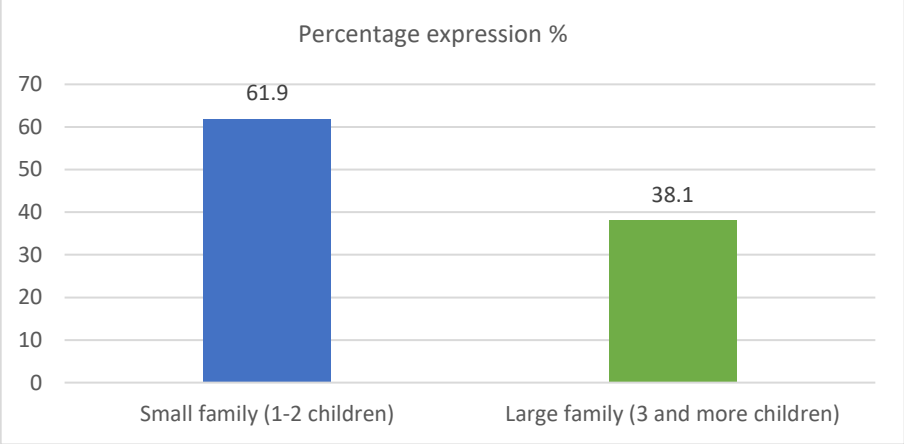


Fig. 3. Small family - 99 (61.9%) and large family - 61(38.1%)

The survey was carried out on the online survey platform "Mano apklausa" [My Survey]: https://www.manoapklausa.lt/apklausa/1547303299/. Before the survey was conducted, the approval of the administration of the gymnasiums was obtained. The parents of the students were contacted and their consent was obtained. Subsequently, the survey link was sent to the adolescents whose parents had granted permission for their child to participate in the survey. It was clearly communicated to the participants that the survey data would be utilized solely for scientific purposes. The instructions emphasised the maintenance of complete confidentiality, stating that no identifying information was required on the questionnaire. Participants were encouraged to respond honestly without trying to present themselves in a favourable light. The results of the collected data were calculated using Microsoft Excel 2010, SPSS (Version 17) for Windows 2010 software and descriptive statistical analysis was applied. As the sample size is not large and the variables were not normally distributed, the Mann-Whitney U criterion was used to compare the differences between the means of the SEHS-S, EMBU and BRCS indicators according to the demographic characteristics of two independent samples. Correlation analysis (Spearman's rank correlation coefficient rho) was used to

determine the association between SEHS-S, EMBU and BRCS scales. We performed internal consistency testing of the scales on students' social emotional health, stress resilience and perceived parenting style (see Table 1).

Table 1: Internal consistency (Cronbach alpha) of the adolescents' perceived parenting styles, social emotional health and stress resilience scales

Scales	Cronbach alpha
Social emotional health, SEHS-S	
Belief-in-self	0.736
Belief-in-others	0.838
Emotional competence	0.791
Engaged living	0.868
Covitality	0.851
Parenting styles, EMBU	
Mother's rejection	0.732
Mother's emotional warmth	0.853
Mother's over-protection	0.672
Father's rejection	0.721
Father's emotional warmth	0.842
Father's over-protection	0.610
Stress resilience (BRCS)	0.793

The Cronbach's alpha ranged from 0.610 to 0.868, indicating good internal consistency across all scales. The Kolmogorov-Smirnov test revealed that the data are non-parametric (see Table 2).

Table 2: Kolmogorov-Smirnov test

SEHS-S	Z	p
Belief-in-self	1.91	0.001
Belief-in-others	1.669	0.008
Emotional competence	2.065	0.000
Engaged living	1.493	0.023
Covitality	3.112	0.000
EMBU		
Mother's rejection	2.441	0.000
Mother's emotional warmth	2.059	0.000
Mother's over-protection	2.314	0.000
Father's rejection	2.463	0.000
Father's emotional warmth	2.244	0.000
Father's over-protection	2.599	0.000
Stress resilience	1.646	0.009

RESEARCH RESULTS

Comparison of Questionnaire Subscale Ranks by Adolescents' Gender and Age

The aim was to identify demographic estimates of adolescents' social and emotional health among boys and girls. As the sample size was not large and the variables were not normally distributed, the differences between the two independent groups in the rates of emotional and

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behavioural difficulties were compared using the Mann-Whitney U test. Comparison of the SEHS-S scales of boys and girls (see Table 3) revealed that girls had statistically significantly higher scores for empathy (p = 0.000) and emotional competence (p = 0.005) than boys. The group of boys had higher scores on self-efficacy (p = 0.017), self-awareness (p = 0.032), belief-in-self (p = 0.011), family coherence (p = 0.027), and gratitude (p = 0.002) compared to the girls. These differences were statistically significant. For the other indicators of the SEHS-S subscales, no statistically significant differences were identified.

Table 3: Comparison of social emotional health (SEHS-S) indicators among boys and girls

	Boys (n=78)	**Girls** (n=82)	**Mann Whitney U**	**Z**
	Mean rank	Mean rank		
Self-efficacy	89.36	72.07	2507.000	-2.390*
Self-awareness	88.45	72.94	2578.000	-2.140*
Persistence	83.90	77.26	2932.500	-0.918
1.Belief-in-self	89.97	71.49	2459.000	-2.531**
School support	82.76	78.35	3021.500	-0.612
Family coherence	88.66	72.74	2561.500	-2.210*
Peer support	76.24	84.55	2865.500	-1.147
2.Belief-in-others	83.37	77.77	2974.000	-0.766
Emotion regulation	77.10	83.74	2932.500	-0.920
Empathy	67.28	93.07	2167.000	-3.553**
Self-control	77.58	83.28	2970.000	-0.792
3.Emotional competence	70.08	90.41	2385.000	-2.783**
Optimism	83.65	77.51	2952.500	-0.849
Gratitude	91.83	69.72	2314.000	-3.054**
Zest	85.67	75.58	2794.500	-1.384
4.Engaged living	87.17	74.15	2677.500	-1.780
Covitality	81.88	79.19	3090.500	-0.367

*p ≤0,05; **p ≤0.01

To explore differences in mother's and father's parenting styles (EMBU) perceived by adolescents according to gender, we conducted a comparative analysis of the scales (see Table 4).

Table 4: Comparison of adolescents' perceived parenting styles perceived among boys and girls

EMBU scales	**Boys** (n=78)	**Girls** (n=82)	**Mann Whitney U**	**Z**
	Mean rank	Mean rank		
Mother’s rejection	75.07	85.66	2774.500	-1.462
Father’s rejection	80.59	80.41	3191.000	-0.024
Mother’s emotional warmth	78.79	82.13	3064.500	-0.458
Father’s emotional warmth	84.92	76.30	2853.500	-1.179
Mother’s over-protection	83.83	77.33	2938.000	-0.890
Father’s over-protection	88.94	72.47	2539.500	-2.257*

No significant differences were identified among all adolescents' perceived parenting style scales except for over-protection. According to adolescents, fathers were found to be more over-protective of their sons than their daughters. The difference in stress resilience (BRCS) between adolescent boys and girls was also examined (see Table 5).

Table 5: Comparison of stress resilience (BRCS) between boys and girls

	Boys (n=78)	**Girls** (n=82)	**Mann Whitney U**	**Z**
Stress resilience	83.17	77.96	2990.000	-0.715

The study found higher stress resilience (BRCS) ranks among boys compared to girls, but these differences are not statistically significant. When comparing the scores on the Social Emotional Health Scale (SEHS-S) between younger (12-15 years) and older adolescents (16-19 years), statistically significant differences were found for only two subscales: resilience and self-control. On the subscale of persistence, younger adolescents are more persistent and older adolescents are more able to control themselves ($p \leq 0.05$). On the subscale of emotional warmth of the perceived parenting style (EMBU), younger adolescents (mean 87.27) were more likely to feel their father's emotional warmth than older adolescents (mean 68.92) ($p \leq 0.05$). No statistically significant differences were found in the stress resilience scale (BRCS).

Correlations Between Adolescents' Social Emotional Health (SEHS-S), Stress Resilience (BRCS) and Perceived Parenting Style (EMBU)

Table 6: Correlations between parenting styles (EMBU) perceived by adolescents and social emotional health (SEHS-S) scales (Spearman's rho)

Sub-scales of parenting styles (EMBU)	**Belief-in-self**	**Belief-in-others**	**Emotional competence**	**Engaged living**	**Overall social emotional health index "Covitality "**
Mother's rejection	-0.098	-0.292**	0.002	-0.121	-0.229**
Father's rejection	-0.116	-0.242**	-0.041	-0.211**	-0.200**
Mother's emotional warmth	0.399**	0.633**	0.371**	0.443**	0.601**
Father's emotional warmth	0.507**	0.554**	0.314**	0.548**	0.770**
Mother's over-protection	-0.019	0.134	0.098	0.018	0.345**
Father's over-protection	0.103	0.040	0.110	0.123	0.485**

*p ≤0.05; **p ≤0.01

On the scale of both parents' rejection, mother's ($r = -0.292$; $p \leq 0.01$) and father's rejection ($r = -0.242$; $p \leq 0.01$) were found to be negatively correlated with the belief-in-others. These correlation coefficients are not strong but significant. Father's rejection is significantly negatively correlated with engaged living ($r = -0.211$; $p \leq 0.01$), which means that the more a father rejects adolescents, the less engaged living they demonstrate. Mother's rejection is significantly negatively associated with Covitality ($r = -0.229$; $p \leq 0.01$), which means that the more a mother rejects her adolescents, the less social emotional health they have. On the scale of both parents' emotional warmth, both mother's ($r = 0.399$; $p \leq 0.01$) and father's ($r = 0.507$; $p \leq 0.01$) emotional warmth as a parenting style were found to be significantly positively associated with belief-in-self. Mother's emotional warmth ($r = 0.633$; $p \leq 0.01$) and that of father ($r = 0.554$; $p \leq 0.01$) correlate significantly positively with belief-in-others. The emotional warmth of the mother ($r = 0.371$; $p \leq 0.01$) and the father ($r = 0.314$; $p \leq 0.01$) are positively

correlated with emotional competence. Mother's ($r = 0.443$; $p \leq 0.01$) and father's ($r = 0.548$; $p \leq 0.01$) emotional warmth were found to be significantly positively correlated with engaged living. Emotional warmth of mother ($r = 0.601$; $p \leq 0.01$) and father ($r = 0.770$; $p \leq 0.01$) were found to be positively correlated with the overall Covitality score. On the scale of both parents' over-protection, mother's ($r = 0.345$; $p \leq 0.01$) and father's ($r = 0.485$; $p \leq 0.01$) over-protection were found to be significantly positively associated with Covitality. The correlations between the variable scales are illustrated (see Figures 4 to 7).

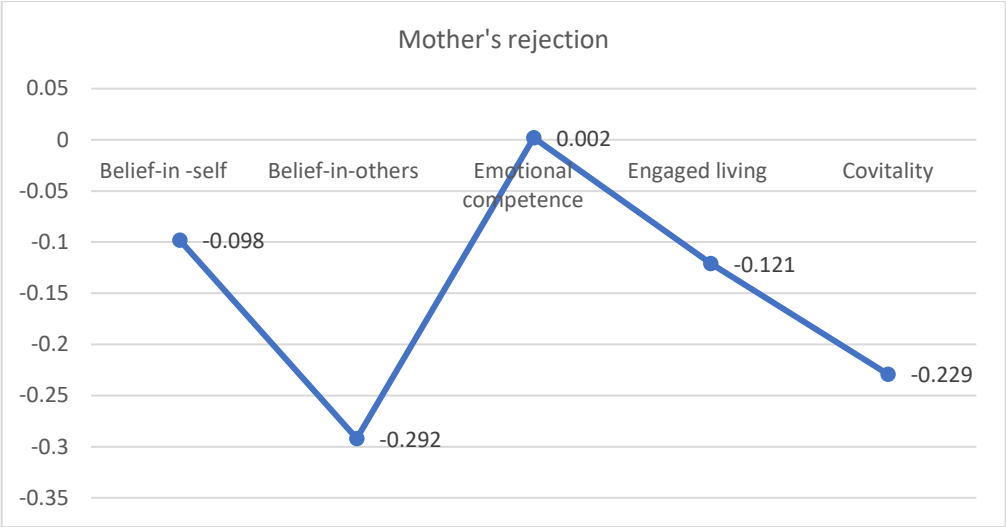


Fig. 4: Pathways of correlations between perceived mother's parenting style (rejection) and social emotional health

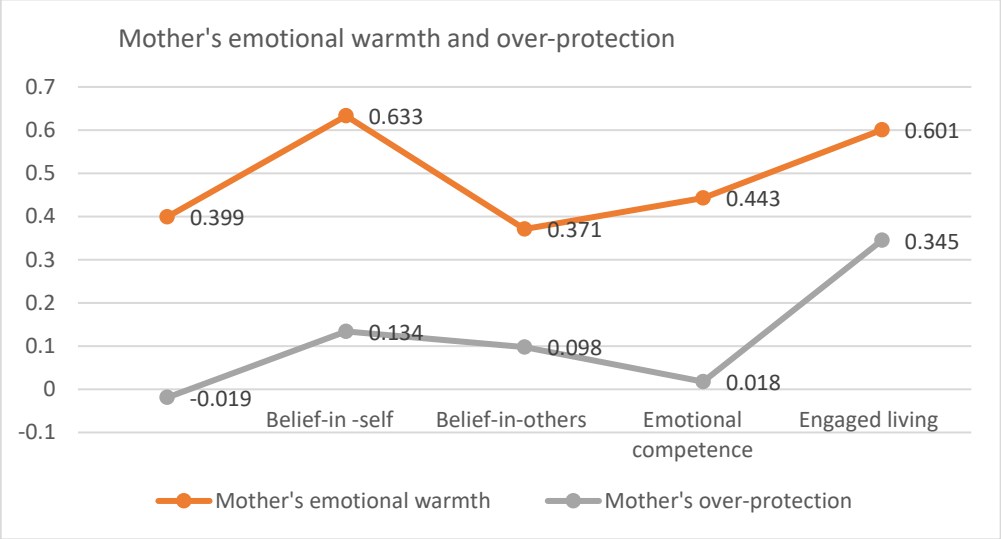


Fig. 5. Pathways of correlations between perceived mother's parenting style (warmth and over-protection) and social emotional health

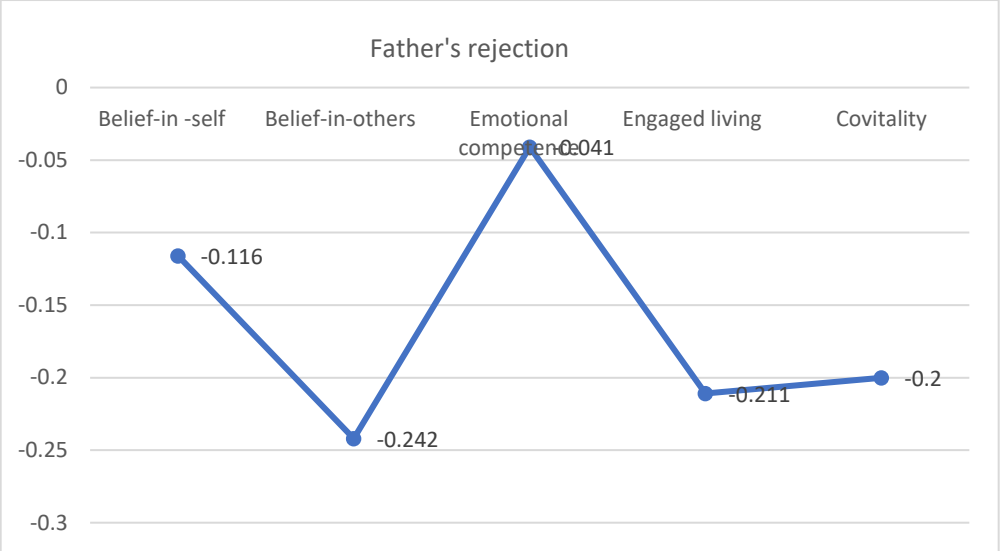


Fig. 6. Pathways of correlations between perceived father's parenting style (rejection) and social emotional health

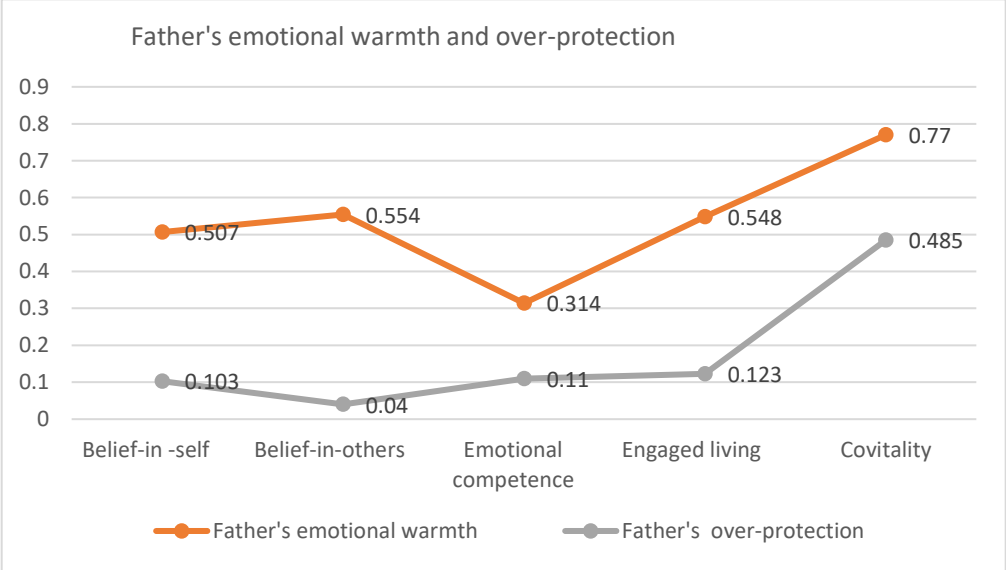


Fig. 7: Pathways of correlations between perceived father's parenting style (warmth and over-protection) and social emotional health

Rejection by both parents is negatively related to the adolescent's social and emotional health (see Figures 4 and 6). The graphs (see Figures 5 and 7) show positive and significant correlations of both parents' over-protection with social emotional health, but the correlations are not strong. The most significant correlations were found between the indicators of both parents' emotional warmth and social emotional health.

Correlations between adolescents' stress resilience and perceived parenting style are presented below (see Table 7).

Table 7: Correlations of adolescents' stress resilience with adolescents' perceived parenting styles

Sub-scales of parenting styles (EMBU)	Stress resilience (BRCS)
Mother's rejection	-0.177*
Father's rejection	-0.238**
Mother's emotional warmth	0.268**
Father's emotional warmth	0.397**
Mother's over-protection	0.116
Father's over-protection	0.045

*p ≤0.05; **p ≤0.01

The results in Table 7 show that adolescents' perceived parenting style is positively related to stress resilience. Mother's rejection (r = - 0.177; p ≤ 0.05) and father's rejection (r = - 0.238; p ≤ 0.01) are negatively correlated with stress resilience, while mother's emotional warmth (r = - 0.268; p ≤ 0.01) and father's emotional warmth (r = - 0.397; p ≤ 0.01) are positively correlated with stress resilience.

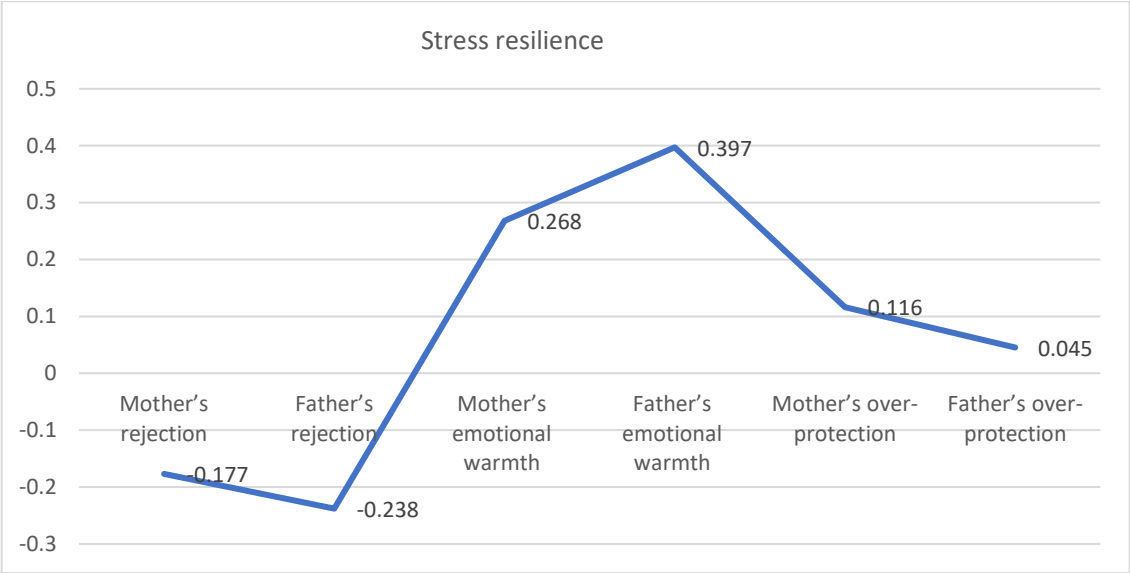


Fig. 8: Correlations between adolescents' stress resilience and their perceived parenting style

Correlations between adolescents' social emotional health (SEHS-S) and stress resilience (BRCS) are presented (see Table 8 and Figure 9).

Table 8: Correlations between social emotional health and stress resilience (Spearman's rho)

Social emotional health SEHS-S	Stress resilience BRCS
Belief-in-self	0.595**
Belief-in-others	0.373**
Emotional competence	0.542**
Engaged living	0.533**
Covitality	0.643**

**p ≤0.01

The results showed that all indicators (subscales) of adolescents' social emotional health are significantly and moderately positively related to stress resilience: belief-in-self (r = 0.595; p = 0.000), belief-in-others (r = 0.373; p = 0.000); emotional competence (r = 0.542; p = 0.000); engaged living (r = 0.533; p = 0.000); Covitality (r = 0.643; p = 0.000).

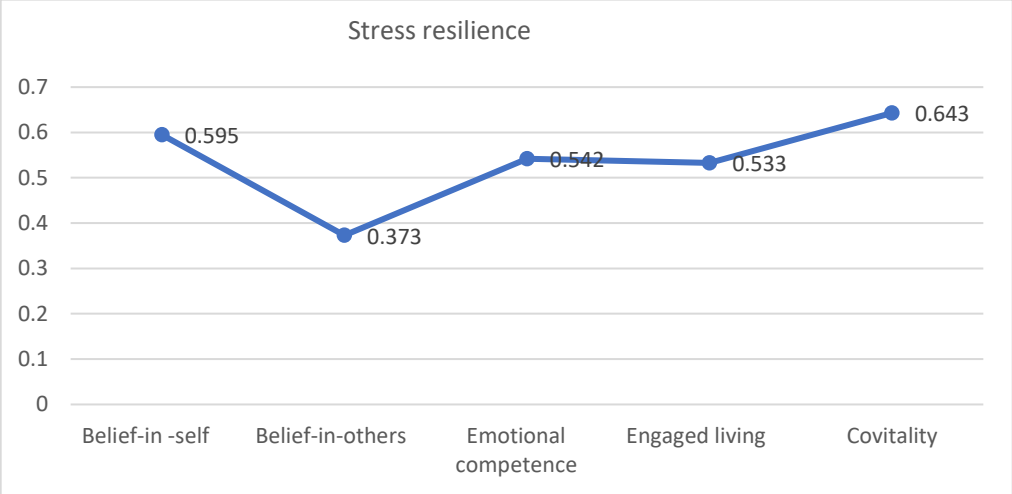


Fig. 9: Correlations between adolescents' stress resilience and social emotional health

Further an analysis of adolescent variables was carried out according to socio-demographic aspects such as place of residence and family composition. The comparative analysis conducted according to the adolescents' place of residence showed a significant difference in engaged living between adolescents living in cities and in district towns: adolescents living in district towns had significantly higher levels of engaged living (p=0.016).

A comparative analysis based on in which type of family the adolescents grow up (small or large family) revealed significant differences: belief in others was better expressed among adolescents in small families (Z=-1.975; p=0.048), while adolescents in large families showed higher levels of engaged living (Z=-2.020; p=0.043). Adolescents from small families are more likely to feel their mother's emotional warmth (Z=-3.085; p=0.043) and over-protection (Z=-3.424; p=0.043).

DISCUSSION

Adolescents' Social Emotional Health and Stress Resilience

The overall mean of social emotional health (SEHS-S) Covitality score of the participating students was 81.54, corresponding to a low level according to the norms developed by the author of the methodology [15]. This finding only partially confirms the previous results in Lithuanian samples, as reported by Petrulytė and Guogienė [32] and is consistent with the slightly later study by Grigorjeva and Petrulytė [16]. The relatively lower overall Covitality index score may also have been influenced by the post-pandemic period of COVID-19, during which the number of adolescents experiencing severe psychosocial difficulties increased significantly [8]. In the longitudinal study by Daniūnaitė et al. [8], which aimed to identify potential changes in adolescents' psychosocial functioning from pre-pandemic to post-pandemic assessments in a Lithuanian sample of adolescents aged 12-16 years, significant increases were found in hyperactivity/attention, emotional symptoms, and prosocial

behaviour during the pandemic. Another study of Lithuanian adolescents by Jakavičienė [19] reported a deterioration in relationships with family members and friends in the post-pandemic period. The authors suggest that adolescents' well-being may have been affected not only by the prevailing distance learning in the post-pandemic era, but also by new threats and challenges in the world, such as repercussions of the Russo-Ukrainian war, climate change and others.

Regarding adolescents' gender differences, girls scored higher than boys on the empathy and emotional competence subscales of social emotional health and boys scored higher on self-efficacy, self-awareness, belief-in-self, family coherence, and gratitude. Our results are consistent with those of Petrulytė and Guogienė [32], indicating that girls have significantly higher empathy scores compared to boys. Regarding age, an important finding is that older adolescents have statistically significantly higher scores on the self-control of the sub-scale of emotional competence within the SEHS-S, which aligns with the trends in adolescents' positive development.

Our study found no significant differences in stress resilience between girls and boys. No statistically significant differences in stress between genders were also found by Heinen et al. [18]. According to a study by Būdaitė [4], student stress coping was positively related to social emotional health (Covitality and all four scales). We also observe significant correlations of moderate strength between stress resilience and social emotional health on all subscales. Thus, adolescents' social emotional health and stress resilience have a positive correlation.

Adolescents' Perceived Parenting Style and Social Emotional Health

In our study, adolescents' perceived parenting styles are more or less positively correlated with the overall index of social emotional health, Covitality, with the exception of the rejection style, which does not correlate with health. Parents' rejection of their children is characterized by constant accusations, criticism, scolding, words of ridicule, and often neglect of the child's needs [11]. The child is rarely involved in decision making and has little opportunity to deal with the consequences of choices or decisions they have already made. Moreover, parents may not always explain mistakes and tend to punish [43]. Rejection significantly impacts children's engaged living, as it diminishes their ability to be enthusiastic, thereby hindering self-confidence and the ability to achieve goals independently. Our findings are consistent with these observations. Additionally, our research indicates that children who experience rejection from their mother tend to have a lower overall social emotional health Covitality index, which can significantly impede the child's initiative. Parental over-protection is manifested by excessive parental concern for high standards of achievement, strict rules, demands for obedience and strict control [50]. Adolescents are not responsible for the consequences, as that role is assumed by their parents, who love, care for and spoil the child so much that they assume all the costs of the child's misbehaviour. Parents try to satisfy all the child's wants or needs and are uncritical of the child's achievements and actions [23, 43]. Children who are forced to behave accordingly usually do not feel responsible for their behaviour [45]. According to the results of our study, adolescents who feel excessively cared for by their parents tend to perceive their environment as safe, beneficial, and problem-free. However, in such families, children may become frequently lacking freedom and initiative. In the opinion of other authors [24, 44], suggest that adolescents in over-protected environments may experience increased anxiety and depression symptoms. As they transition to adulthood, they may encounter various life

challenges without the protective shield of their parents. Consequently, they will need to cultivate independence, autonomy, and responsibility, and the adverse effects of over-protection may become evident. De Man et al. [9] support this notion, confirming a link between parental over-protection and lower self-esteem in adolescents. They propose that these negative consequences may persist into adulthood. Parents with an authoritative (or supportive) parenting style are characterised by emotional warmth and sensitivity [21, 45]. This is the most favourable parenting style, which gives children confidence in themselves and in other people, the adolescent feels emotionally competent, and their levels of engaged living are sufficient to make independent and responsible life decisions and cope with challenges. The study by Abidin et al. [1] concludes that a supportive parenting style enhances adolescents' well-being by fulfilling their basic psychological needs. Our findings align with this perspective.

Adolescents' Socio-Demographic Aspects

Adolescents living in district towns exhibited significantly higher levels of engaged living compared to those living in cities. Adolescents from small families demonstrated greater trust in others, while adolescents from large families scored higher on engaged living. Adolescents from small families reported higher levels of mother's emotional warmth and over-protection. Our findings align with Špokevičienė research [42]. The authors suggest that adolescents from rural areas may have greater access to outdoor activities (such as sports and outdoor play) and may experience a stronger sense of community. But according to Čukna et al. [7], adolescents studying in urban schools exhibit statistically higher results on the belief-in-self scale, as well as higher self-efficacy and persistence scores on this scale, compared to respondents studying in small, rural schools. Therefore, there is a lack of clarity on the socio-demographic aspects of adolescents, which could be a focus for further research.

LIMITATIONS OF THE STUDY

The methodologies used in the study - the Social and Emotional Health Questionnaire (SEHS-S) and the Brief Stress Resilience Scale (BRCS) - are not widely used in Lithuania, and there are no established norms against which to compare the results of this study. The data we obtained from our study on parenting styles (EMBU) is based on the self-reports of the adolescent, so the answers could be biased. Additionally, the sample of adolescents may not be fully representative of the country's regions. Moreover, the present findings may be limited as they rely on correlational data, which does not establish causation. To address this limitation, future research should employ longitudinal methods and perform higher-level mathematical analyses.

CONCLUSION

All parenting styles, except rejection, perceived by adolescents are significantly positively related to overall social emotional health SEHS-S index - Covitality; warmth of both parents is positively correlated with enthusiasm and with the overall SEHS-S Covitality index; over-protection of both parents significantly positively correlates with SEHS-S Covitality. Also, adolescents stress resilience significantly positively correlates with all sub-scales of social emotional health and with the overall Covitality index. Practical implications of the study**:** it is crucial to accurately identify children's social emotional health in relation to their parents' parenting styles. Effective communication between parents and children could help prevent or mitigate many problems and stresses during adolescence and contribute to positive development in adulthood.

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