

The Influence of Fear of Negative Evaluation, Parenting Styles and Coping Techniques on Self-Disclosure to Parent and Psychological Health Among Emerging Adults of University of Ibadan, Oyo State, Southwest Nigeria.

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ABSTRACT

This study investigated the relationships between fear of negative evaluation, parenting style, coping techniques, self-disclosure, and psychological health among undergraduate and post-graduate students. The study adopted a cross-sectional survey research design to examine the influence of negative evaluation, parenting style, and coping techniques on self-disclosure to parents and psychological health among emerging adults at the University of Ibadan, Oyo State on 350 respondents using a purposive sampling technique. The study was guided by three hypotheses formulated in null forms. The results indicated that fear of negative evaluation, parenting style, and coping techniques were positively correlated with self-disclosure to parents. Additionally, coping strategies such as seeking help and discussing problems were found to be associated with higher levels of self-disclosure. On the other hand, fear of negative evaluation showed a negative correlation with self-disclosure. Individuals who experienced a fear of negative evaluation were hesitant to engage in self-disclosure due to anxiety about potential negative social judgments. Positive parenting styles characterized by emotional warmth and authoritative parenting were associated with better mental health among emerging adults. In contrast, authoritarian parenting styles were linked to poorer psychological health outcomes. The relationship between coping techniques and psychological health was not statistically significant. The study also revealed a positive but non-significant correlation between fear of negative evaluation and psychological health. This suggests that higher levels of anxiety associated with negative evaluation may have an impact on psychological well-being. Furthermore, the study found that fear of negative evaluation, parenting style, and coping techniques collectively and individually predicted self-disclosure to parents. Fear of negative evaluation and parenting style emerged as significant predictors while coping techniques did not contribute significantly. Gender differences in self-disclosure and psychological health were not significant, suggesting that self-disclosure to parents with their psychological health is unrelated to gender. And finally, no significant difference was found in self-disclosure with psychological health scores between undergraduate and post-graduate students. Based on these findings, it could be suggested that addressing fear of negative evaluation, promoting adaptive coping strategies, fostering supportive parenting styles, and facilitating self-disclosure within families are crucial steps toward enhancing the psychological health of emerging adults in Nigeria. By implementing targeted interventions and continuing to explore these dynamics, we can contribute to the well-being and resilience of future generations.

Keywords: Negative evaluation; Parenting styles; Coping techniques; Self-disclosure; Psychological health; Adults.

INTRODUCTION

In parent-child relationships, self-disclosure could be a primary indicator of emerging adult efforts to maintain intimacy with their parents (Cozby, 1973). Children allow parents to be involved in their personal lives through openness to disclose their feelings and secrets. Parent-child relationships can influence emerging adults'

development and decision-making as they navigate through instabilities and explore identities in the third decade of life (Arnett, 2000). Throughout the disclosure process, parents may have opportunities to validate and provide emotional support based on the information shared by children. These positive exchanges of feelings and thoughts can aid in fulfilling emerging adult children's basic psychological need for relatedness (Deci & Ryan, 2008) and facilitate the maintenance of close parent-child relationships beyond adolescence.

The psychological and mental health definitions go hand in hand in that they both involve the emotional, behavioral, and social health aspects of a person's life or emotional and/ or psychological well-being (Jennifer *et al.*, 2021). Healthy psychological well-being is not just the absence of signs of mental health issues or a mental health disorder diagnosis, but the presence of balanced emotions, thoughts, and behaviors. Psychological health is a life-long process. Psychological health focuses on emotional, cognitive, behavioral, and social well-being. Like physical health, psychological health is an integral part of our overall holistic wellness (Sukhman Rekhi, 2022). According to the World Health Organization (WHO) (2004), mental health is "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community.

The three facets (emotional, behavioral, and social health) are the foundation of mental health, make up the definition to comprehend psychological health, and determine how a person functions daily and reacts to adverse situations that may arise. When these three facets are in harmony, a person has positive psychological health. They will determine a person's psychological state, allowing them to adjust to life's daily changes and day-to-day living; this is why fostering positive psychological health is very important (Jennifer *et al.*, 2021). When our psychological state is unbalanced, we may have trouble with indecisiveness, managing our emotions, controlling our behaviors, interacting with others, and handling stress and other challenges (Galderisi *et al.*, 2015). When out of balance, a person may deal with mental health issues, such as anxiety, depression, broken or lost relationships, problems at work, and many more (Jennifer *et al.*, 2021).

Psychological health also encompasses a wide range of factors, including but not limited to a person's biology, environment, family, and life experience. Psychological health is the maintenance of well-being daily. When a person fosters good mental health practices, they can cope with stress in healthy ways, find meaning in life, work, and live productively and effectively (Jennifer *et al.*, 2021).

Given the importance of self-disclosure for developing interpersonal relationships, it also plays an important role in supporting mental health. A few studies have linked the increased frequency of adolescent self-disclosures to parents and peers with mental well-being, as well as decreased stress, depression, and anxiety (Elsharnouby & Dost-Gözkán, 2020; Lepore *et al.*, 2004; Valkenburg *et al.*, 2006; Wei *et al.*, 2005; Zhang, 2017). Self-disclosure is associated with greater social and emotional support (Huang, 2016; Zhang, 2017), which may in turn have positive effects on well-being (Luo & Hancock, 2020). Further, Mobasser *et al.* (2020) shared that intimate information, such as thoughts and feelings, is particularly beneficial for mental health. For example, self-disclosure can help us achieve a sense of catharsis, clarification on a topic, and increased social support which makes us feel good (Greene, Derlega, & Mathews, 2006). In contrast, research suggests that concealing personal thoughts and feelings—or not self-disclosing them—can be a stressor on the body, harm immunity, and even possibly lead to disease. Revealing this suppressed or silenced information can help alleviate this stress and improve health (Greene, Derlega, & Mathews, 2006).

Based on the dynamics of emerging adulthood, several factors can influence the communication between parent-child relationships such as fear of negative evaluation, coping techniques through stressors, parenting styles, increased desire for independence and autonomy i.e., their desire to make their own decisions, managing their own finances, establishing their own lifestyles, minimize the direct parental influence on their personal lives. Instead of confiding in parents, emerging adults may turn to other significant individuals in their lives for intimate disclosure, such as best friends (Solís *et al.*, 2015) or romantic partners (Robinson *et al.*, 2013). These factors and more goes a long way in determining if the emerging adulthood will maintain intimacy with the parent as it were in the adolescent stage, inhibiting parental contribution of emotional support, guidance, and practical assistance with tasks such as education, navigating romantic life, career choices, and financial management which in turn facilitate a positive psychological health. Previous studies

have also indicated that self-disclosure between adolescents and their parents varies in relation to individual dispositions (Finkenauer *et al.*, 2004), parenting styles (Tilton-Weaver, 2013), family structures (McManus & Nussbaum, 2013), and topic valence (McManus & Nussbaum, 2013; Tenzek *et al.*, 2013). Fear of negative evaluation refers to the extent to which individuals are anxious about how they are perceived by others, including their parents. Emerging adults who have a higher fear of negative evaluation may be more hesitant to disclose their thoughts, feelings, and experiences to their parents due to concerns about potential judgment or rejection and this could impact their psychological well-being negatively when they can't cope with the situation. Research has shown that emerging adults who have a higher fear of negative evaluation may be more hesitant to disclose their thoughts, feelings, and experiences to their parents due to concerns about potential judgment or rejection. This fear may be influenced by various factors, such as low self-esteem, social anxiety, or previous negative experiences with parental reactions. This fear may be influenced by a variety of factors, such as low self-esteem, social anxiety, or previous negative experiences with parental reactions (Tenzek *et al.*, 2013).

Parenting styles, which are characterized by the emotional climate and level of parental involvement in the lives of emerging adult children, can also impact self-disclosure and psychological health. Research suggests that authoritative parenting, which is characterized by warmth, support, and appropriate levels of autonomy, is associated with higher levels of self-disclosure and better psychological health among emerging adults. On the other hand, authoritarian or permissive parenting, which may be overly controlling or neglectful, can hinder self-disclosure and negatively impact psychological well-being (McManus & Nussbaum, 2013).

Coping techniques are the strategies individuals use to manage stress and difficult emotions. This can play a role in self-disclosure and psychological health among emerging adults. Effective coping techniques, such as problem-solving, seeking social support, and positive reappraisal, are associated with higher levels of self-disclosure and better psychological health. In contrast, maladaptive coping techniques, such as avoidance, denial, or substance use, can impede self-disclosure and lead to poorer psychological well-being. Coping strategies are essential for adaptation and survival (Finkenauer *et al.*, 2004; McManus & Nussbaum, 2013).

Among varying factors that influence the disclosure to parents during emerging adulthood, this study further examined the mechanisms through which fear of negative evaluation, parenting styles, and coping techniques influence self-disclosure and psychological health among emerging adults to develop effective interventions to support their well-being during this developmental stage.

With the foregoing, the following hypotheses were formulated to guide and direct the study:

1. There is significant positive relationship between fear of negative evaluation, parenting style, coping techniques, self-disclosure, and psychological health among the study participants.
2. Fear of negative evaluation, parenting style and coping techniques jointly and individually predict self-disclosure to parents and psychological health among the participants.
3. There are significant differences among gender, study program in self-disclosure to parents and psychological health among study participants.

This study is hoped to contribute to the understanding of how parenting behaviours and communication patterns shape the development of emerging adults. It is hoped to provide insights into the effectiveness of different coping strategies in the context of parent-child relationships, offering a theoretical understanding of how coping processes influence emotional well-being during the transition to adulthood and how it influences emerging adult self-disclosure to parents. The study is of practical implications for mental health professionals, educators, and policymakers. The findings of this study could guide the development of interventions, counselling strategies, and educational programs that promote effective communication, coping skills, and mental well-being among emerging adults.

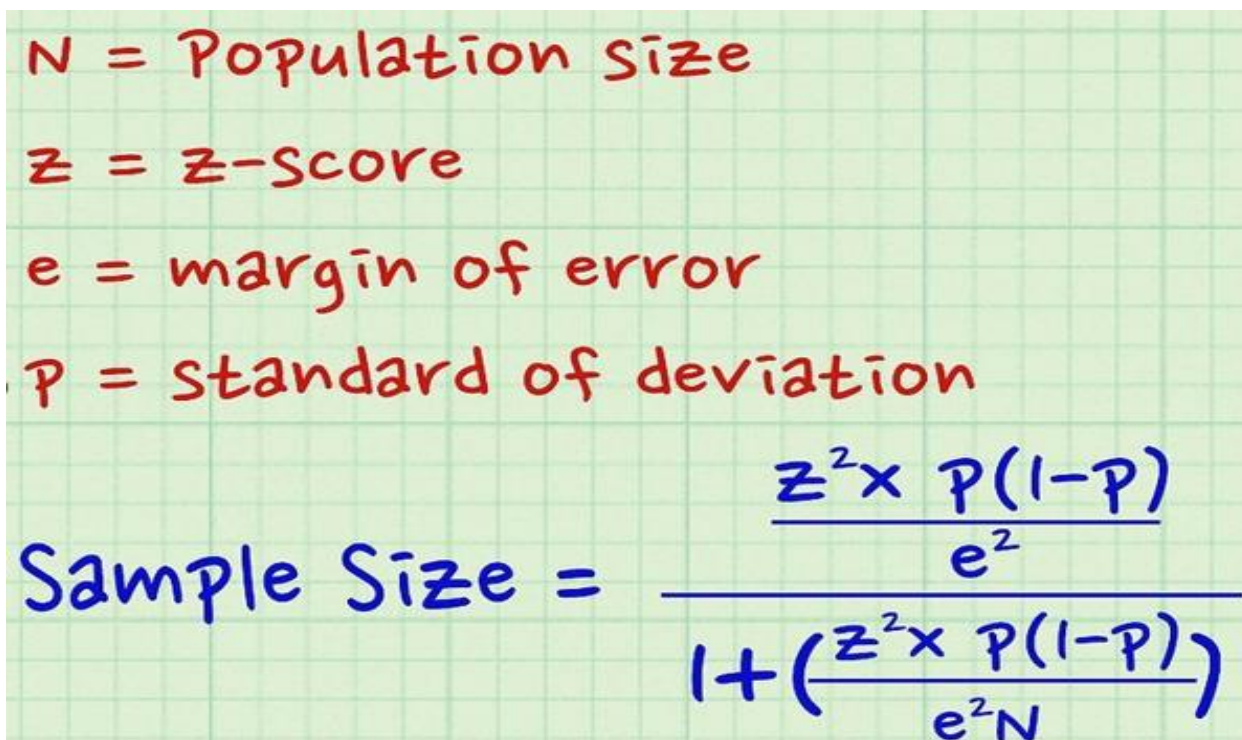
METHODOLOGY

This study adopted a cross-sectional survey research design. Quantitative data were obtained to examine the influence of negative evaluation, parenting style, and coping techniques on self-disclosure to parents and

psychological health among emerging adults at the University of Ibadan, Oyo State. The aim was to gather empirical data from different individuals at a particular point in time and analyze it statistically to understand the relationships and predicting factors between the independent variables (fear of negative evaluation, parenting styles and coping techniques) and dependent variable (self-disclosure to parent and psychological health).

This study was carried out among emerging adults of the University of Ibadan, Ibadan, Oyo state, Southwest Nigeria. The University of Ibadan (UI) is the oldest and one of the most prestigious Nigerian universities. It is located five miles (8 kilometres) from the centre of the major city of Ibadan in Western Nigeria. The university consists of students with undergraduate and postgraduate studies for 16 years old (admission requirement). The concentration of emerging adults in this setting best fits the population target of the study. The target population were emerging adults at the University of Ibadan i.e., students within 18-30 years across the academic levels of the University. A total of 350 students participated in the study, 255 males and 95 females. The mean age of the respondents under study is 22 ± 3 years, with the majority being in the age group 18-20 years. 72.9% of the students are male, 27.1% are female undergraduate (94.6%) and Christian (65.1%) by religion. 91.4% are single while 8.6% are currently married as of the period of this research study. Meanwhile, 58.6% of the 350 students under study are Yoruba, 74.9% are now living in different apartments and dorms leaving a minority (25.1%) currently residing with their parents.

The sample size was determined using the sample size calculation method developed by Kasiulevicius, Sapoka and Filipaviciute (2006) (see Fig. 1 below) and was determined to be 273. However, the sample size was increased by 77 to increase the study's validity and generalization; hence, the addition made up 350 participants for the study. A selective sampling technique was employed in the study. This is done so that only participants who are most relevant to the study and are willing to participate will be engaged. Participants were selected based on the inclusion and exclusion criteria.



$N = \text{Population size}$
 $z = z\text{-score}$
 $e = \text{margin of error}$
 $P = \text{standard of deviation}$

$$\text{Sample Size} = \frac{\frac{z^2 \times P(1-P)}{e^2}}{1 + \left(\frac{z^2 \times P(1-P)}{e^2 N}\right)}$$

Fig 1. Sample size computation formula

The inclusion criteria were:

- Emerging adults between the age of 18 and 30
- Students at the University of Ibadan

- Participants who were willing to participate in the study.

The exclusion criteria were:

- Children
- Students below age 18 and above 30 were excluded.

The structured self-administered questionnaire which comprised of different sections was used in collecting data from the selected participants. Data were collected in this study using an 88 items self-report questionnaire, divided into 6 sections.

Section A: consists of socio-demographic variables, they include sex, age, and study program, living condition, family structure, marital status, ethnicity, and religion.

Section B: Brief Fear of Negative Evaluation (BFNE) Scale

This scale examined the fear of negative evaluation attributes in participants. It is an abbreviated version of the 30-item Fear of Negative Evaluation Scale put forth by Watson *et al.* (1969). This test measures anxiety associated with perceived negative evaluation. The scale was developed by Leary (1983), and it is made up of 12 items with a 5-point Likert-type scale (0 = “not at all characteristics of me”; 5 = “extremely characteristic of me”). The BFNE yields 1 total score, description of the item loadings. The BFNE has demonstrated excellent levels of internal consistency and test–retest reliability, correlates highly with the full-scale FNE, and is a commonly used measure of social anxiety. The internal consistency of the scale was $\alpha = .89$. The BFNE proved to have good concurrent validity in the university population. More specifically, it obtained a moderate correlation.

Section C: Perception of parents’ scales (POPS) – College-Student Scale

This scale is used to measure the parenting styles in this study. The college-student version of the POPS was used as it was suitable for the target audience of this study i.e., participants who are late adolescents or older. It assessed children’s perceptions of their parents’ autonomy support and involvement. It also assessed the degree to which the children perceive their parents to provide warmth. The scale has 42 items: 21 for mothers and 21 for fathers. From these items, 6 subscale scores are calculated: Mother Autonomy Support, Mother Involvement, and Mother Warmth, as well as Father Autonomy Support, Father Involvement, and Father Warmth. The child POPS was developed, by Grolnick, Ryan, and Deci (1991). The Robbins (1994) dissertation provided preliminary evidence for the reliability and validity of the scale. A longitudinal study by Niemiec, Ryan, and Deci (2009) adds further reliability and validity evidence for the scale. It has a strong test-retest reliability for the subscales (i.e., $r = .80$, $r = .79$, $r = .87$, and $r = .84$) and good discriminant and convergent validity.

Section D: Coping Strategies Inventory Short-form (CSI-SF)

The 16-item CSI-SF version was used in this study to assess the coping techniques. It was developed by Addison *et al.* (2007). The Coping Strategies Inventory was originally constructed as a 78-item and was shortened to 16 items. Respondents were asked to rate the general strategy on the survey and to indicate their choices in the frequency with which they utilize each listed coping strategy. Likert scale was used to record the participants’ following manner: 1 = “Never”, 2 = “Seldom”, 3 = “Sometimes”, 4 = “Often” and 5 = “Almost Always”. CSI-SF has four 4 subscales, item subscales: (a) Problem–Focused Engagement, (b) Problem-Focused Disengagement, (c) Emotion-Focused Engagement, and (d) Emotion-Focused Disengagement. All subscales, which are Problem-Focused engagement, Coefficients ranged from 0.58 to 0.72 for second-tier levels of reliability ($\alpha = 0.58-0.72$). Problem-Focused Disengagement, Emotion-Focused Engagement, and Emotion-Focused Disengagement, Disengagement and Engagement respectively are 0.59 and 0.70 for the first-tier scales.

Section E : Parent-Adolescent Communication Scale (PACS)

This scale was used to measure the dependent variable self-disclosure to parent. The Parent-Adolescent Communication Scale (PACS) consists of two subscales that measure the degree of openness in family communication and the extent of problems with family communication. The subscales were calculated by adding the 10 items. Degree of openness and extent of problems. For the degree of openness, a higher score indicates better communication between parents and adolescents. For the extent of problems, a higher score indicates more problems in parent-child communication. The internal consistency of the scores measured by Cronbach's alpha was .87 for the openness subscale and .78 for the problems subscale. The test-retest reliabilities were .78 and .77 for the openness and problems subscales respectively.

Section F: General Health Questionnaire - 12

The General Health Questionnaire (GHQ-12) was used to measure psychological health in this study. The test was developed by Sir David Goldberg and Paul Williams (1970) to screen for non-specific psychiatric morbidity. It is a self-administered screening tool designed to detect current state mental disturbances and disorders in primary care settings. It evaluates symptoms of anxiety, somatic symptoms, social dysfunction, loss of confidence, and depression (Goldberg & William, 1988).

GHQ-12 data were obtained from the 2004 cohort of the Health Survey for England, a longitudinal general population conducted in the UK. The GHQ-12 comprises 12 items describing mood states, six of which are positively phrased (PP items, labelled items p1 to p6) and six negatively phrased (NP items, labelled n1 to n6). Each item of the GHQ-12 has four possible response options. Item scores were coded according to the three scoring methods examined: Likert method (all items coded 0-1-2-3), GHQ method (all items coded 0-01-1), and C-GHQ method (PP items coded 0-0-1-1; NP items coded 0-1-1-1). Higher values of all items indicate worse mental health. For each item in the GHQ-12, the participants were asked to rate the extent to which they experienced a symptom during the last week. The twelve items have been divided into three parts in such a way that a total 06 items are related to Social Dysfunction, 04 items are related to Anxiety & Depression and the last 02 items are related to Loss of confidence.

Three severity scores were computed as the summed score of all items for each scoring method. Cronbach's Alpha for all scoring methods: 0.90. The reported Cronbach alpha coefficient for the GHQ is a range of 0.82 to 0.86.

Prospective participants were first provided with the informed consent form which included a summary of what the research entails and their rights as participants. Interested candidates gave their consent by signing the consent form given to them, else they simply declined. Those who were willing to participate and gave their consent were administered a self-administered survey questionnaire. Answers were provided to questions raised by participants. The questionnaire required 20-30 minutes to be completed. A total number of three hundred and fifty (350) questionnaires were administered and retrieved and the sample data was drawn from them. Data obtained were subjected to analysis. There was no risk involved in the research procedure. Informed consent was obtained from the participants both verbally and in a written format in the informed consent form attached to the questionnaires. An introductory statement which was used to provide information on the purpose, intent, and use of information provided and the assurance for confidentiality of respondents was included in the questionnaire. Participation in the study was voluntary and participants were free to pull out at any time while filling the questionnaire. Participants gave their consent to participate by signing the consent form. Demographics that could trace a participant to his/her response like name, phone number, address, etc., were avoided and intentionally left out, hence, no response can be traced to any respondent.

Data collected were analyzed using Statistical Package for the Social Sciences (SPSS) version 20. All stated hypotheses were accepted at a .05 level of significance. Hypothesis one was tested using Pearson moment correlation because the researcher wanted to explore the relationships between fears of negative evaluation, parenting styles and coping techniques on self-disclosure to parents and psychological health. Hypothesis two was tested using multiple regression analysis. This was because the researcher wanted to examine the independent and joint role of fear of negative evaluation, parenting styles and coping techniques on self-

disclosure and psychological health. Hypothesis three was tested using T-test for independent samples and Multiple One-way Analyses of Variance (MANOVA). This was because the researcher wanted to find out which of the demographic variables (sex, age, study program, living condition, family structure, marital status, ethnicity, and religion) would predict self-disclosure to parents and psychological health.

RESULTS AND DISCUSSIONS

Sociodemographic characteristics of the respondents.

Table 1. Showing distribution of the respondents' sociodemographic information.

Demographic variables		N	(%)
Age	18-20years	217	62.0
	21-25years	104	29.7
	26-30years	29	8.2
Gender	Male	255	72.9
	Female	95	27.1
Study program	Undergraduate	331	94.6
	Postgraduate	19	5.4
Religion	Christianity	228	65.1
	Islam	110	31.4
	Tradition	7	2.0
	Others	5	1.4
Marital Status	Single	320	91.4
	Married	30	8.6
	Divorced	0	0
Ethnicity	Yoruba	205	58.6
	Igbo	87	24.9
	Hausa	24	6.9
	Others	34	9.7
Living situation	Living with parents	88	25.1
	Living in dorms or apartment	262	74.9
Family structure	Single-parent family	73	21
	Two-parent family	277	79

n=350, mean age= 22±3years (Source: Authors).

Table 1 shows that the mean age of the respondents under study is 22±3years, with majority being in the age group of 18-20years. Majority (72.9%) of the students are male, undergraduate (94.6%) and Christians (65.1%) by religion. It further shows that almost all respondents (91.4%) are single while 8.6% are currently married as

at the period of this research study. Meanwhile, 58.6% of the 350 students under study are Yoruba being the state of research, of which 74.9% are now living in different apartments and dorms leaving a minority (25.1%) currently residing with their parents. Finally, the demographic table shows that 277 students (79%) are from homes currently with two parents' structure.

Test of Hypotheses

Hypothesis one: There is significant positive relationship between fear of negative evaluation, parenting style, coping techniques, self-disclosure to parents and psychological health among the study respondents.

Table 2: Showing zero-order correlation matrix, showing the relationship between fear of negative evaluation, parenting style, coping techniques, self-disclosure, and psychological health among the study respondents.

Variables	Mean	±SD	Psychological health.	Self-Disclosure	Parenting Style	FNE	Coping Strategy
Psychological health.	1.7519	.54270	1.00				
Self Disclosure	3.2334	.38878	-.239**	1.000	.	.	.
Parenting Style	1.9139	.22996	-.109	.341**	1.000	.	.
FNE	2.8014	.46888	.100	-.141**	.000	1.000	.
Coping Strategy	2.8570	.32526	-.102	.315**	.280**	.145**	1.000

Note: **Correlation is significant at the 0.01 level (2-tailed) (source: authors).

In Table 2, parental style shows a negative correlation with the psychological health of the respondents ($r = -.109, p < .05$) which is suggestive of the concept that a high degree of disapproval, insisting on their decisions and insensitivity during communication between parent and adolescents shows a negative relationship with psychological health among the study respondents.

Similarly, coping techniques shows a negative correlation with the psychological health of the respondents ($r = -.102, p > .05$). The result implies that there is no significant relationship between the coping strategies utilized by the students and their psychological health. Meanwhile, fear of negative evaluation shows a positive relationship with the students' psychological health ($r = .100, p > .05$). This implies that a high level of anxiety associated with perceived negative evaluation is significantly related to the respondents' psychological health status. Furthermore, parental style shows a positive correlation with self-disclosure to parents ($r = .341, p < .01$) which indicates that a high degree of openness in family communication between parents and young adults shows a positive relationship with self-disclosure to parents among the study respondents.

Similarly, coping techniques shows a positive correlation with self-disclosure to parents ($r = .315, p < .01$). This implies that Emotion-Focused Engagement, such as endeavouring to let out emotions, talking about the problem with family and friends, asking for help and planning of action to show a positive relationship with self-disclosure to parents among the study respondents. However, fear of negative evaluation of shows a weak and negative correlation with self-disclosure to parents ($r = -.141, p < .01$) indicating that the anxiety associated with perceived negative evaluation shows a negative relationship with the level of self-disclosure to parents by the students under study.

Hypothesis two: Fear of negative evaluation, parenting style and coping techniques jointly and individually predict self-disclosure to parents and psychological health among the respondents.

Table 3: Summary of Multiple Regression Analysis showing the joint and independent influence of Fear of negative evaluation, parenting style, and coping techniques on self-disclosure to parents and psychological health among the respondents.

Predictors	R	R ²	F	P	B	T	P
Fear of negative evaluation	.425	.180	25.395	<.01	.279	5.502	<.01
Parenting style					.109	2.205	<.05
Coping techniques.					.221	4.319	<.01

Table 4: Summary of Multiple Regression Analysis showing the joint and independent influence of Fear of negative evaluation, parenting style, and coping techniques on psychological health among the respondents.

Predictors	R	R ²	F	P	B	T	P
Fear of negative evaluation	.174	.030	3.587	<.01	-.083	-1.499	>.05
Parenting style					.114	2.130	<.05
Coping techniques.					-.095	-1.705	>.05

Table 3 shows that fear of negative evaluation, parenting style and coping techniques jointly and individually predict self-disclosure to parents among the respondents ($F(3, 346) = 25.395; p < .01$). Furthermore, observation of the R^2 shows that the independent variables (fear of negative evaluation, parenting style and coping techniques) accounted for about 18% of the total variance observed in self-disclosure to parents. Moreover, on individual predictions, the result shows that all the predictors significantly contribute to the prediction of self-disclosure to parents by the students in the decreasing order of fear of negative evaluation ($B = .279, T = 5.502, p < .01$), coping techniques ($B = .221, T = 4.319, p < .01$) and parenting style ($B = .109, T = 2.205, p < .05$). Table 4 shows that fear of negative evaluation, parenting style and coping techniques jointly and individually predict psychological health among the respondents ($F(3, 346) = 3.587; p < .05$). Furthermore, observation of the R^2 shows that the independent variables (fear of negative evaluation, parenting style and coping techniques) accounted for about 3% of the total variance observed in the students' psychological health. Moreover, on individual predictions, the result shows that parenting style is the only predictor that significantly contributes to the prediction of the students' psychological health ($B = .114, T = 2.130, p < .05$). While in a decreasing order of fear of negative evaluation ($B = -.083, T = -1.499, p > .05$) and coping techniques ($B = -.095, T = -1.705, p > .05$) were insignificant and did not contribute to the prediction of the students' psychological health.

Hypothesis three: There is significant differences among gender, study program in self-disclosure to parents and psychological health among study participants.

Hypothesis 3a: Female respondents will score high on self-disclosure to parent and psychological health than their male counterparts in the study.

Table 5: Summary of Independent t-Test showing the influence of gender on self-disclosure to parent.

Sex	N	Mean	DF	T	P
Male	255	3.2312	348	-.177	>.05
Female	95	3.2395			

Table 6: Summary of Independent t-Test showing the influence of gender on the students' psychological health.

Sex	N	Mean	DF	T	P
Male	255	1.7752	348	1.315	>.05
Female	95	1.6895			

The result on table 5 with 6 above shows that the female students did not significantly score higher than their male counterparts in the study on self-disclosure ($t(348) = -.177; p > .05$) and psychological health ($t(348) = 1.315; p > .05$). Also, in addition to the result, observation of their mean score shows that female students scored (Mean = 3.2395; 1.6895) on self-disclosure and psychological health respectively, while their male counterparts scored (Mean=3.2312; 1.7752) respectively. Therefore, the hypothesis is rejected ($p > .05$) and the null hypothesis is accepted. It implies that the female students did not score higher on self-disclosure to parent and psychological health than their male counterparts in the study.

Hypothesis 3b: Undergraduate students will score high on self-disclosure to parent and psychological health than their post-graduate counterparts in the study.

Table 7: Summary of Independent t-Test showing the influence of study program on psychological health.

Study program.	N	Mean	DF	T	P
Undergraduate	331	1.7450	348	-.999	>.05
Post-graduate	19	1.8728			

Table 8: Summary of Independent t-Test showing the influence of study program on self-disclosure to parent.

Study program.	N	Mean	DF	T	P
Undergraduate	331	3.2323	348	-.221	>.05
Post-graduate	19	3.2526			

The results above show that the undergraduate students did not significantly score higher than their post-graduate counterparts on the influence over self-disclosure to parents ($t(348) = -.221; p > .05$) and psychological health ($t(348) = -.999; p > .05$). Also, in addition to the result, observation of their mean score shows that the undergraduate students scored (Mean = 1.7450 & 3.2323 on self-disclosure & psychological health respectively). While their post-graduate counterparts scored (Mean=1.872 & 3.2526 respectively). The P-value ($>.05$) implies that the null hypothesis is not rejected. It can be concluded that the undergraduate students did not score high on self-disclosure to parent and psychological health than their post-graduate counterparts in the study.

DISCUSSION OF FINDINGS

The study found out that there is a positive correlation between parenting style and self-disclosure to parents. The positive correlation between parenting style and self-disclosure supports the notion that a high degree of openness in family communication facilitates self-disclosure in parents. The finding also revealed a positive correlation between coping techniques and self-disclosure to parents, which is in consistency with the findings from the studies from Laban *et al.* (2023). The authors reported that there is a significant relationship between coping strategy and self-disclosure, whereby people believe the best in their own coping means in order not to disclose or to disclose their statuses to parents and guidance. The positive correlation between coping techniques and self-disclosure as indicated by this current study implies that emotion-focused engagement,

such as talking about problems with family and friends or seeking help, is associated with higher levels of self-disclosure to parents among students.

The further finding shows a weak and negative correlation between fear of negative evaluation and self-disclosure to parents. This is suggestive of the fact that individuals with a fear of negative evaluation may be hesitant to engage in self-disclosure due to the anxiety associated with potential negative social evaluations. The negative correlation between fear of negative evaluation and self-disclosure implies that the higher the fear of negative evaluation, the lower the level of self-disclosure to parents among the study respondents. This has been reported also by previous studies from Kanwal & Naeem (2012), Nadia *et al.* (2017) and Emma *et al.* (2023), who further reported that fear of negative evaluation was significantly associated with suicidal ideation and the findings highlight the fear of negative evaluation as an important risk factor for suicidal ideation in college students and the potential influence of impulsivity on this relationship.

The findings of this study revealed a negative correlation between parenting style and the psychological health of the respondents. It is noteworthy to find out that parenting style can significantly impact psychological health outcomes in emerging adults. The findings from the study of Feng *et al.* (2021) emphasized the importance of positive parenting styles, such as parental emotional warmth and authoritative parenting, in promoting the mental health of emerging adults. Peterson (2022) associated authoritarian homes to be in correlation with poor psychological health outcomes, which is in consonance with the findings of this study. The result also indicated a non-significant relationship between coping techniques and the psychological health of the respondents. While this finding does not directly align with the past literature (Lei *et al.*, 2022) which emphasizes the importance of adopting positive and effective coping strategies to improve psychological health, it is important to note that the p-value ($p < .057$) is close to the threshold for statistical significance. Therefore, the non-significant relationship between coping techniques and psychological health may be due to other factors that require further investigation such as the knowledge of the students of coping mechanisms useful for positive psychological health. Meanwhile, the finding suggests a positive relationship between fear of negative evaluation and the psychological health of the respondents, although it is not statistically significant ($p < .061$). This study found that the higher the level of anxiety associated with a perceived negative evaluation, the more it tells and affects the respondents' psychological health status. A study from the literature reviewed (Kanwal & Naeem, 2012) also showed that fear of negative evaluation was positively correlated with psychological distresses (i.e., depression, anxiety, and stress).

The overall regression analysis reveals that fear of negative evaluation, parenting style, and coping techniques jointly and individually predict self-disclosure to parents among the respondents. The joint effects of fear of negative evaluation, parenting style, and coping techniques lead to high self-disclosure to parents. This is similar to the findings from Hwang *et al.* (2019). Meanwhile, normally when they are combined for prediction, their effects are usually large. However, it is interesting to find out that the individual predictions of negative evaluation, parenting style, and coping techniques on self-disclosure to parents among the respondents is significant. Regarding fear of negative evaluation, the study revealed that individuals with this fear are likely to engage in parent-child communication and thereby reducing self-disclosures due to concerns about negative social evaluations and potential risks associated with sharing personal information. This aligns with the finding that fear of negative evaluation significantly predicts self-disclosure to parents among the respondents (Vijayakumar *et al.*, 2020).

In terms of parenting style, similar findings (Soenens *et al.*, 2006) show that a parenting style characterized by high responsiveness, high behavioural control, and low psychological control can foster adolescent self-disclosure. This aligns with the finding of this current study that parenting style significantly contributes to the prediction of self-disclosure to parents, although the effect size is smaller compared to the fear of negative evaluation and coping techniques. Soenens *et al.* (2006) also examined the relationship between parenting dimensions and self-disclosure by comparing three models that describe the relations among parenting, self-disclosure, perceived parental knowledge, and problem behaviours. The study found that parental style is significantly a predicting factor for self-disclosure. It can be concluded that parental emotional warmth toward their children ensures that positive perfectionism and altruistic behavioural tendency significantly influence their level of disclosure.

Furthermore, the result shows that fear of negative evaluation, parenting style, and coping techniques jointly and individually predict psychological health among the respondents. This is very much in line with the findings from Saxon *et al.* (2017) and Lindsay *et al.* (2021). Though this current study emphasized that the combined effect of these variables is statistically significant, when examining the individual contributions of each predictor, the results show that only parenting style significantly contributes to the prediction of the students' psychological health. This resonates with the findings of a study conducted in Lagos Nigeria by Agoha *et al.* (2021) on the effect of parenting style on psychological well-being among secondary children who showed that parenting style is significantly associated with psychological well-being. Peterson (2022) also presented that parenting style affects a child's mental health, and he submitted that authoritarian and permissive parenting styles are associated with psychological distress, anxiety, depression, and low self-esteem. This current study found that fear of negative evaluation and coping mechanisms are insignificant and do not contribute significantly to the prediction of the psychological health of the students. These findings do not fully align with findings of Nadia *et al.* (2017) and Saxon *et al.* (2017), which suggest stronger relationships between fear of negative evaluation and psychological distress, as well as the influence of parenting style and coping techniques on psychological health. However, this discrepancy suggests that fear of negative evaluation may not play a prominent role in predicting psychological health in this sample. As the sample population of the previous study were younger respondents (children and adolescents). This implies that further research may be needed to explore the relationships between these factors and psychological health in different contexts and populations.

The independent t-test conducted showed that there was no statistically significant difference between the self-disclosure, psychological health scores of female and male students. Additionally, the p-value is greater than the conventional threshold of .05, which suggested that the little observed difference could have occurred by chance. Morrison and Heimberg (2013) and Rosental (2014) also revealed similar findings, denoting that self-disclosure to parents is regardless of gender. However, it is important to note that research findings on gender differences in self-disclosure can vary depending on the specific population studied, cultural context, and other factors. The current study's results being specific to the population in Ibadan might be a limiting factor. Hence, a research gap is being created to better understand the relationship between gender and self-disclosure. It is recommended to consider a broader range of studies and examine a broader population.

Meanwhile, the mean scores of undergraduate students and post-graduate students indicated that the post-graduate students had slightly higher psychological health scores, although the difference was not statistically significant. The independent T-test analysis showed that the difference in psychological health scores between undergraduate and post-graduate students is not statistically significant. Previous studies (Mobasser *et al.*, 2020; Elsharnouby & Dost-Gözkán, 2020; Jennifer *et al.*, 2021) specially emphasized that when students foster good mental health practices, they can cope with stress in healthy ways, and find meaning in life, work, and live productively and effectively, therefore having a positive psychological health outcome regardless of their study program. Several other studies (Sukhman Rekhi, 2022; Galderisi *et al.*, 2015) have reported mixed findings regarding the relationship between academic status (undergraduate vs. post-graduate) and psychological health. Galderisi *et al.* (2015) found differences in psychological health between undergraduate and post-graduate students, while others (Jennifer *et al.*, 2021) have not observed significant differences. However, this study already identified that (fear of negative evaluation, coping strategies, and parental style) are jointly responsible for the student's psychological health.

CONCLUSION

Based on the findings from the study, the following conclusions can be drawn:

- Fear of negative evaluation, parenting style, and coping techniques are positively correlated with self-disclosure to parents.
- Fear of negative evaluation is negatively correlated with self-disclosure. Individuals with a fear of negative evaluation may hesitate to engage in self-disclosure due to anxiety about potential negative social evaluations.

- Parenting style significantly impacts psychological health outcomes. Positive parenting styles characterized by emotional warmth and authoritative parenting were associated with better mental health among emerging adults.
- The relationship between coping techniques and psychological health was not statistically significant, although it approached significance.
- Fear of negative evaluation, parenting style, and coping techniques collectively and individually predict self-disclosure to parents.
- Similarly, fear of negative evaluation, parenting style, and coping techniques collectively predict psychological health.
- There was no statistically significant difference in self-disclosure and psychological health scores between female and male students.
- There was no significant difference in self-disclosure to parents and psychological health scores between undergraduate and postgraduate students.

Based on the findings, the following recommendations are made:

1. Develop and implement parenting programs aimed at fostering authoritative parenting styles, characterized by warmth, support, and clear communication. These programs can help parents provide a supportive environment that encourages adaptive coping strategies among their emerging adult children.
2. University counseling centers should offer workshops and interventions targeting fear of negative evaluation and coping skills development. Providing accessible resources for managing stress and anxiety can enhance the psychological well-being of emerging adults.

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