VOL IV

Ciências da Saúde:

Investigação e Prática

Dr. Guillermo Julián González-Pérez
Dra. María Guadalupe Vega-López
(organizadores)

EDITORA ARTEMIS
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PRÓLOGO

La obra *Ciências da Saúde: Investigação e Prática IV* reúne un conjunto plural y profundamente significativo de 17 estudios que reflejan la complejidad, la urgencia y la diversidad de los desafíos contemporáneos en salud.

Elaborado por autoras y autores de distintos países iberoamericanos - Argentina, Colombia, Chile Ecuador, México y Portugal-, con trayectorias académicas y profesionales igualmente diversas, este volumen se consolida como un espacio de diálogo interdisciplinario, en el que confluyen perspectivas de la salud pública, la clínica, la salud mental, la enfermería, la fisioterapia, la farmacéutica, las tecnologías en salud y la epidemiología.

Estructurado en cuatro grandes ejes, el libro recorre escenarios que abarcan desde los determinantes sociales y ambientales de la salud hasta la aplicación de tecnologías emergentes para el diagnóstico, el monitoreo y el cuidado.

En el eje **Salud pública, ambiente y sistemas de salud**, se presentan reflexiones y evidencias sobre problemáticas colectivas que afectan a poblaciones enteras: el control de vectores, la exposición a contaminantes tóxicos, las características de los accidentes en el hogar, las desigualdades persistentes tanto en la sociedad como en los sistemas de salud y su impacto en el comportamiento de indicadores como la mortalidad materna. Los estudios aquí reunidos iluminan cómo factores sociales, ambientales y políticos moldean las condiciones de vida, riesgo y bienestar, reforzando la necesidad de políticas integradas de prevención y equidad.

El eje **Salud mental, bienestar y psicología de la salud** incluye investigaciones sobre los aspectos emocionales, conductuales y psicosociales que influyen en la vida académica, profesional y social. Se destacan análisis sobre satisfacción con la vida, estilos de vida saludables, intervenciones terapéuticas innovadoras, estilos educativos y de afrontamiento así como sobre las adicciones de nuevo tipo. Sus contribuciones revelan una comprensión ampliada y actualizada del cuidado en salud mental, siempre guiada por la evidencia y la sensibilidad humana.

En el eje **Clínica, diagnóstico y tecnologías en salud**, se presenta un conjunto de trabajos que exploran herramientas clínicas, protocolos diagnósticos, procesos de esterilización, estudios neurobiológicos de los trastornos alimentarios y modelos basados en inteligencia artificial para el apoyo a la toma de decisiones en entornos críticos. Estos capítulos dan cuenta del avance continuo de la innovación tecnológica y de su capacidad para transformar las prácticas asistenciales, promover la seguridad y ampliar la eficiencia de los servicios de salud.

Finalmente, el eje **Enfermería, familia y comunidades de cuidado** aborda la intervención clínica y relacional de profesionales que trabajan directamente con las familias, personas mayores y grupos comunitarios. Son aportes que evidencian el papel estratégico de la enfermería en la promoción de la autonomía, la funcionalidad, la salud emocional y la construcción de redes de apoyo – elementos esenciales para el cuidado integral.

Este libro, por lo tanto, no solo reúne resultados de investigación: materializa una visión contemporánea de la salud como un campo interdisciplinario, integrado y profundamente humano. Celebra la producción científica latinoamericana e ibérica, fomenta nuevas discusiones e invita a profesionales, estudiantes e investigadores a reflexionar sobre prácticas, desafíos y posibilidades emergentes.

Que estas páginas inspiren nuevas miradas, nuevas preguntas y formas de cuidar.

Buena lectura.

Guillermo Julián González-Pérez

María Guadalupe Vega-López

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RELATIONSHIPS BETWEEN PARENTAL EDUCATIONAL STYLES, COPING STYLES, AND MENTAL HEALTH IN A SAMPLE OF PORTUGUESE ADOLESCENTS

Data de submissão: 01/12/2025
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ABSTRACT: Introduction: Nowadays, considering even the potential impact on family dynamics resulting from the recent COVID-19 pandemic context, the interest shown for research on the influence of parental educational practices on the wellbeing of adolescents is increasing. Thus, we intended to understand if there is a significant relationship between parenting styles and variables important for the wellbeing and development of adolescents. Specifically, this work aims to assess the existence of relationships between Parental Educational Styles, the use of Coping Strategies and Styles, and Mental Health. Methods: That being so, we used a sample of 278 Portuguese subjects from both genders and between 15 and 18 years of age, who participated in the investigation by filling out five instruments during pandemic or post-pandemic context: a Sociodemographic Questionnaire, the Parental Educational Styles Scale - Version for Children, the Portuguese adaptation for adolescents of the Brief Cope Questionnaire, the Mental Health Continuum - Short Form (MHC-SF) adapted for the Portuguese population, and the Portuguese adaptation of the Brief Symptom Inventory (BSI). Results: Results demonstrate that Parental Educational Styles are related to Coping Styles, and each of the variables may have consequences on Mental Health. Discussion and Conclusion: It was concluded that there is a significant relationship between all three variables under study, which turn out to be intertwined, although the predictive values are modest. Limitations and implications that this investigation brings out for future studies are analysed.

KEYWORDS: parental educational styles; coping styles; mental health; adolescence.

[1] Corresponding Author.

1. INTRODUCTION

The family context is an essential component for the development and promotion of individuals' abilities, whether they are children, adolescents, or adults. Thus, the scientific literature emphasizes the importance of creating a family environment that allows for an adequate process of human development and that promotes mental health (e.g., Azman et al., 2021). In this context, parenting is considered as a crucial environmental factor in children's social and cognitive development (Sadeghi et al., 2022) and is an important predictor of children's and adolescents' mental health (Azman et al., 2021). Furthermore, literature indicates that effective parenting is the most powerful way to reduce adolescent problem behaviours (Kumpfer & Alvarado, 2003).

Nowadays, considering even the possible impact on the family dynamic, arising from the COVID-19 pandemic context, the interest shown for research on the influence of parental educational practices (e.g., Baumrind, 1966) on the wellbeing of adolescents (e.g., Ronen et al., 2016) is increasing. At the same time, there is considerable interest in research on coping strategies, since it is known that individuals can actively manage stressors and life transactions with diverse results for their mental health, either preventing trauma and mental illness or achieving mental well-being (Lazarus & Folkman, 1984). Literature highlights the association of coping strategies to personality traits (Carver & Connor-Smith, 2010), mental and physical well-being (Park & Adler, 2003; Tsenkova et al., 2008), less psychopathology (Zhou et al., 2010), positive emotions (Brissette et al., 2002; Zhou et al., 2010), and life quality (Karekla & Panayiotou, 2011).

However, research on the relationship between parenting styles and coping strategies in adolescence is still scarce. In fact, several studies show the importance of parental styles on diverse aspects of adolescents' development (e.g., Azman et al., 2021; Lin & Yi, 2017; Lu et al., 2021; Maia et al., 2025; Mendes & Vale-Dias, 2018; Vale Dias & Berardo, 2019), but only a few study its influence on specific coping styles (e.g., Maia de Carvalho & Vale-Dias, 2021; Wang et al., 2025) and psychopathological symptoms (e.g., see Maia et al., 2025).

2. OBJECTIVES

This research intends to understand if there is a significant relationship between parenting styles and important variables for the well-being and development of adolescents, including coping strategies.

Therefore, this work aims to assess the existence of relationships between Parental Educational Styles, the use of Coping Strategies and Styles, and Mental Health. It also aims to test parental styles as predictors of the variables used.

3. PARTICIPANTS

In this cross-sectional and correlational study, we used a sample of 278 Portuguese subjects from both genders (48.6% male) and between 15 and 18 years of age (*M*=16 years; *SD*=1,063) (see Tables 1, 2 and 3)., who participated in the investigation by filling out five instruments, during pandemic or post-pandemic context.

Table 1. Description of the adolescent sample by age.

	N	Minimum	Maximum	Mean	Standard Deviation
Age	278	15	18	16,16	1,063

Table 2. Distribution of the sample of adolescents by age.

		N	%
Age	15	98	35,3
	16	78	28,1
	17	62	22,3
	18	40	14,4
	Total	278	100,0

Table 3. Distribution of the adolescent sample according to school year (grade) and gender.

		N	%
School Year (Grade)	9th grade	72	25,9
	10th grade	89	32,0
	11th grade	80	28,8
	12th grade	37	13,3
	Total	278	100,0
Gender	Female	143	51,4
	Male	135	48,6
	Total	278	100,0

The predominant mother tongue is Portuguese, with 97.5% of the adolescent sample (n=271), while 2.5% of the subjects in the sample consider another mother tongue (n=7).

Concerning to romantic relationship status of adolescents, 83 individuals are dating (29.9%) and 186 individuals are not in any romantic relationship (66.9%). In addition to these results, 9 individuals indicated that they are in another type of relationship that is not dating (3.2%).

Regarding the socioeconomic level, the terminology of Simões (2000) was used, considering 3 levels: level 1 (low); level 2 (medium); and level 3 (high). In this study, there are 53 level 1 subjects (19.1%), 165 level 2 subjects (59.4%), and 60 level 3 subjects (21.6%) (see Table 4).

Table 4. Distribution of the sample of adolescents according to socioeconomic level.

		N	%
Socioeconomic Level	Level 1	53	19,1
	Level 2	165	59,4
	Level 3	60	21,6
	Total	278	100,0

Finally, in order to enrich our study, the adolescents were asked whether they had ever attended psychology and psychiatry appointments. Regarding psychology consultations, 122 subjects in our sample have either been or are currently being followed (43.9%), 144 have never been followed (51.8%), and 12 subjects responded that they do not know (4.3%). Regarding psychiatric consultations, 59 subjects have been or are currently being followed (21.2%), 192 have never been followed (69.1%), and 27 responded that they do not know (9.7%).

4. METHODS AND INSTRUMENTS

For data collection, the subjects responded, between April and June 2021, to an online survey (*Limesurvey* platform), which includes the following instruments adapted for the Portuguese population:

Sociodemographic Questionnaire

The sociodemographic questionnaire, developed for adolescents, was designed to characterize the sample, thus allowing the collection of personal data such as gender, age, nationality, mother tongue, current romantic relationship status, and school year. Educational qualifications and parents' professions were also collected, leading to an analysis of each adolescent's socioeconomic level. Lastly, and no less importantly, the adolescents were asked about whether or not they attended psychological and psychiatric consultations.

Parental Educational Styles Scale - Version for Children (Barros de Oliveira (1994)

Authored by Barros de Oliveira (1994), this scale exists in two versions (for Parents and for Children) and allows for the assessment of cognitive and affective behaviours and attitudes perceived by both parents and children in parenting. However, in this investigation, only the version for children was used.

The 5-point Likert-type response scale consists of 22 items subdivided into two factors, based on Schaefer's model: Autonomy and Love. According to Barros de Oliveira (1996), a high score in both factors represents the presence of the authoritative

style; a low score in both factors indicates the authoritarian style; a high score in love and low in autonomy represents the permissive style; and, lastly, a low score in love and high in autonomy is associated with the neglectful style. In this investigation, the Parental Educational Styles Scale, version for children, shows good internal consistency in the two factors, love (α=.91) and autonomy (α=.93), similar to the results in the original studies, where the love factor (α=.90) and the autonomy factor (α=.87) showed good internal consistency.

Brief COPE (Carver, 1997; Portuguese version for adolescents: Maia de Carvalho, Vale-Dias, & Carvalho, 2024; based on the Portuguese version for adults: Pais-Ribeiro & Rodrigues, 2004)

The first question of the questionnaire has the purpose of emotional arousal, asking the subjects to recall a recent problem. After that, instructions follow for the 28 items that are part of the questionnaire. Subjects are asked to rank each item into 4 options, from "1=I haven't been doing this at all (situational coping)/ I usually don´t do this at all (dispositional coping)" to "4=I've been doing this a lot; I usually do this a lot". The 28 items assess coping strategies aggregated in: Humour, Using Emotional Support, Using Instrumental Support, Self-Distraction, Planning, Denial, Religion, Behavioural Disengagement, Active Coping, Self-Blame, Positive Reframing, Substance Use, Venting and Acceptance. No overall score is extracted from this instrument, only total subscale scores. In the present study, the internal consistency levels ranged between α=.61 (Self-distraction) and α=.82 (Substance Use).

Mental Health Continuum Short-Form (MHC-SF, Keyes, 2005; 2007; Portuguese version Matos et al., 2010)

This instrument includes 14 items ranked from 0 (Never) to 5 (Always) to evaluate positive mental health or mental well-being in three domains: emotional well-being, psychological well-being and social well-being. Internal consistency ranges from α=.80 to α=.85 (Matos et al., 2010). Its internal consistency in the present study (from α=.84 to α=.88) proved to be very good.

Brief Symptom Inventory (BSI; Derogatis, 1982/1993; Portuguese version Canavarro, 1999).

The BSI uses 53 items ranked in a 5-point Likert type scale from 0 - Not at all to 4 – Extremely to evaluate psychopathology. Nine dimensions compose psychopathology subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism. Three global indices of

distress can be used: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. The reliability of BSI ranges from α=.62 to α=.80 (Canavarro, 1999). In this study it ranges from α=.77 α=.91.

It should be noted that all instruments showed adequate psychometric characteristics.

This is a cross-sectional study conducted anonymously. All necessary permissions were obtained (including informed consent from all participants and their legal guardians, as well as from the schools) and ethical procedures were followed.

The data were analysed using the SPSS Statistics program version 23.0. Preliminary data analyses (Skewness and Kurtosis, Multicollinearity, Mahalanobis Distance) were conducted to examine the suitability of the data. In addition to descriptive statistics, such as mean and standard deviation, correlation analyses were conducted. Regression analyses were also performed to assess the predictive value of the variables.

5. RESULTS

5.1. DESCRIPTIVE STATISTICS

We will begin by presenting descriptive data (see Tables 5, 6, 7 and 8), subsequently providing the data obtained from the correlation and regression analyses, to assess the association between variables and their predictive value.

According to Table 5, subjects reveal good levels of Love and Autonomy.

Table 5. Descriptive statistics on Love and Autonomy (Parental Educational Styles).

	N	Minimum	Maximum	Mean	Standard Deviation
Autonomy	278	20,00	70,00	55,1655	10,25706
Love	278	8,00	40,00	34,0863	5,95104

By observing Table 6, it can be seen that the least used coping styles are Substance Use, Religion, and Behavioural Disengagement.

Table 6. Descriptive statistics relating to the Brief Cope factors.

	N	Minimum	Maximum	Mean	Standard Deviation
Humour	278	,00	6,00	2,5468	1,50197
Using Social and Emotional Support	278	,00	6,00	3,0971	1,59011
Using Instrumental Support	278	,00	6,00	2,8201	1,46068
Self-Distraction	278	,00	6,00	3,3129	1,48613
Denial	278	,00	6,00	2,0072	1,51286

Religion	278	,00	6,00	1,7338	1,68268
Planning	278	,00	6,00	3,3381	1,35185
Behavioural Disengagement	278	,00	6,00	1,8345	1,61713
Active Coping	278	,00	6,00	3,0719	1,42763
Self-Blame	278	,00	6,00	3,0612	1,67586
Positive Reframing	278	,00	6,00	2,8525	1,55402
Substance Use	278	,00	6,00	1,0612	1,59643
Expression of Feelings/Venting	278	,00	6,00	2,4245	1,46427
Acceptance	278	,00	6,00	3,2266	1,44542

Table 7 shows the values for the total and different factors of the MHC-SF, with reasonable mean values for mental well-being.

Table 7. Descriptive statistics relating to the MHC-SF, Total Well-Being, Psychological Well-Being, Emotional Well-Being, and Social Well-Being.

	N	Minimum	Maximum	Mean	Standard Deviation
Psychological Well-Being	278	,00	30,00	18,5683	6,98534
Emotional Well-Being	278	,00	15,00	10,4317	3,47980
Social Well-Being	278	,00	25,00	12,4424	6,25181
Total Well-Being	278	5,00	70,00	41,4424	14,95729

Table 8 presents the values relating to the BSI instrument, showing low mean scores of symptomatology.

Table 8. Descriptive statistics relating to BSI factors.

	N	Minimum	Maximum	Mean	Standard Deviation
Somatization	278	,00	4,00	1,0550	,98638
Obsession-Compulsion	278	,00	4,00	1,6912	,91960
Interpersonal Sensitivity	278	,00	4,00	1,3696	1,03453
Depression	278	,00	4,00	1,5084	1,07795
Anxiety	278	,00	4,00	1,3333	,99719
Hostility	278	,00	4,00	1,3173	,98446
Phobic Anxiety	278	,00	4,00	,9950	,95463
Paranoid Ideation	278	,00	4,00	1,4014	,92005
Psychoticism	278	,00	4,00	1,2993	,98725
General Symptom Index	278	,00	4,00	1,3425	,87460
Total Score of Positive Symptoms	278	,00	53,00	33,9029	14,66576
Positive Symptom Index	278	,00	4,00	1,9407	,65161

5.2. CORRELATION ANALYSIS

Results demonstrate that Parental Educational Styles are related to Coping Styles (Table 9), Well-being (Table 10), and a few of the psychopathological symptoms (Table 11); and each of the variables may have consequences on Mental Health (e.g. Table 12). Although the correlations are generally weak, they are mostly highly significant from a statistical point of view. Considering the *p*-value (in most cases $p \leq .01$), we can conclude that the relationships found are not random. Looking at Tables 9 to 12, we can see that there are positive and negative correlations, and their direction is as expected. For example, it has been found that parenting styles based on love and autonomy are positively correlated with positive coping strategies (e.g., Positive Reframing) and negatively correlated with inadequate coping strategies (e.g., Substance Use) (see Table 9). As expected, love and autonomy are positively related to the dimensions of well-being (see Table 10), although correlations with psychopathological symptoms are mostly irrelevant (see Table 11). Finally, reinforcing the idea of the relationship between the variables under study, it is interesting to note the relationships between well-being and coping strategies, for example, the positive and significant correlation of Well-Being with Positive Reframing (.411) and the negative correlation with Self-Blame (-.426) (see Table 12).

Table 9. Pearson correlation between love and autonomy (Parental Educational Styles) and coping styles (Brief Cope).

	Love	Autonomy
Denial	-.073	-.015
Religion	-.036	.047
Active Coping	.154*	.218**
Acceptance	.191**	.248**
Using Social and Emotional Support	.281**	.348**
Substance Use	-.303**	-.257**
Self-distraction	.220**	.176**
Positive Reframing	.200**	.271**
Self-blame	-.163**	-.192**
Behavioural Disengagement	-.203**	-.181**
Expression of Feelings/Venting	-.004	.123*

*$p \leq .05$; **$p \leq .01$

Table 10. Pearson correlation between love and autonomy (Parental Educational Styles) and general, social, psychological and emotional well-being (MHC-SF).

	Love	Autonomy
Social Well-Being	.220**	.315**
Psychological Well-Being	.331**	.397**
Emotional Well-Being	.288**	.346**
Total Well-Being	.314**	.397**

*$p \leq .05$; **$p \leq .01$

Table 11. Pearson correlation between love and autonomy (Parental Educational Styles) and psychopathological symptoms (BSI).

	Love	Autonomy
Somatization	-.168**	-.113
Obsession-Compulsion	-.081	-.049
Interpersonal Sensitivity	-.077	-.043
Depression	-.085	-.064
Anxiety	-.149*	-.107
Hostility	-.084	-.049
Phobic Anxiety	-.127**	-.062
Paranoid Ideation	-.069	-.026
Psychoticism	-.089	-.058

*$p \leq .05$; **$p \leq .01$

Table 12. Pearson correlations between well-being (MHC-SF) and coping styles (Brief Cope).

	Well-Being (MHC-SF)
Denial	-.027
Religion	.162**
Active Coping	.293**
Acceptance	.260**
Using Social and Emotional Support	.248**
Substance Use	-.079
Self-distraction	.083
Positive Reframing	.411**
Self-blame	-.426**
Behavioural Disengagement	-.238**
Expression of Feelings/Venting	.099

**$p \leq .01$

5.3. REGRESSION ANALYSIS

In order to identify the fundamental predictors of the variables used in this investigation, linear regressions were calculated.

It was found that Love (Parental Educational Styles) has a predictive, positive, and statistically significant effect on Well-Being (MHC-SF), Social and Emotional Support (Brief Cope) and Acceptance (Brief Cope) (Tables 13 and 14). It was also found that Autonomy (Parental Educational Styles) is a predictor of Well-Being (MHC-SF) and Acceptance (Brief Cope) (Tables 15 and 16).

As for the predictive value of love in relation to well-being, the value of β=.314 (Sig=.000; p<.01) represents a moderate level of prediction and R^2=.098 indicates that love explains 9% of the variation in well-being. As regards to the predictive value of love in

relation to the use of social and emotional support, the value of β=.281 (Sig=.000; *p*<.01) represents a low level of prediction and R^2=.079 indicates that love explains 7.9% of the variation in the use of social and emotional support. Concerning to the predictive value of love in relation to acceptance, the value of β =.191 (Sig=.001; *p*<.01) represents also a low level of prediction and R^2=.036 indicates that love explains 3.6% of the variation in acceptance (Tables 13 and 14).

Table 13. Summary of the regressions (coefficients of determination R^2) obtained for each dependent variable considering Love as a predictor (N=278).

Model	R^2	R^2 adjusted	*p*
1[a]	.098	.09	p< .01[d]
2[b]	.079	.07	p< .01[d]
3[c]	.036	.036	p< .01[d]

a. Dependent Variable: Well-Being (MHC-SF); b. Dependent Variable: Social and emotional support (Brief Cope); c. Dependent Variable: Acceptance (Brief Cope); d. Predictor: (Constant): Love (Parental Educational Styles).

Table 14. Standardized regression coefficients obtained for each dependent variable, considering Love as a predictor (N=278).

Model	*Beta (ß)*	*T*	*p*
1[a] (Constant)			
Love (PES)	.314	5.84	p< .01[d]
2[b] (Constant)			
Love (PES)	.281	4.73	p< .01[d]
3[c] (Constant)			
Love (PES)	.191	3.92	p< .01[d]

a. Dependent Variable: Well-Being (MHC-SF); b. Dependent Variable: Social and emotional support (Brief Cope); c. Dependent Variable: Acceptance (Brief Cope); d. Predictor: (Constant): Love (Parental Educational Styles).

Regarding the predictive value of autonomy in relation to well-being, the value of β=.397 (Sig=.000; *p*<.01) represents a moderate level of prediction and R^2=.158 indicates that autonomy explains 15.8% of the variation in well-being. Concerning to the predictive value of autonomy in relation to acceptance, the value of β=.248 (Sig=.000; *p*<.01) represents a low level of prediction and R^2=.062 indicates that autonomy explains 6.2% of the variation in acceptance (Tables 15 and 16).

Table 15. Summary of the regressions (coefficients of determination R^2) obtained for each dependent variable considering Autonomy as a predictor (N=278).

Model	R^2	R^2 adjusted	*p*
1[a]	.158	.159	p< .01[c]
2[b]	.062	.06	p< .01[c]

a. Dependent Variable: Well-Being (MHC-SF); b. Dependent Variable: Acceptance (Brief Cope); c. Predictor: (Constant): Autonomy (Parental Educational Styles).

Table 16. Standardized regression coefficients obtained for each dependent variable, considering Autonomy as a predictor (N=278).

Model	*Beta (ß)*	*T*	*p*
1[a] (Constant)			
Autonomy (PES)	.397	6.73	p< .01[c]
2[b] (Constant)			
Autonomy (PES)	.248	5.84	p< .01[c]

a. Dependent Variable: Well-Being (MHC-SF); b. Dependent Variable: Acceptance (Brief Cope); c. Predictor: (Constant): Autonomy (Parental Educational Styles).

6. DISCUSSION AND CONCLUSION

This research aimed to contribute to the understanding of mental health in adolescence by analysing its relationship with parental educational styles as well as coping styles. Although the use of coping is of most relevance in the context of adolescent development, the study of its association with parenting and well-being is scarce. This study is the first to contribute to fill the gap in this domain using the recent Portuguese version of the Brief Cope for adolescents (Maia de Carvalho et al, 2024).

With regard to parental educational practices, according to the measure by Barros de Oliveira (1994), this study measured the two factors studied by the author: Love and Autonomy, which at different levels characterize the permissive, authoritarian, authoritative, and neglectful parenting styles. Observing the sample data from this investigation, regarding the predominant parental educational style, we can conclude that it translates into an Authoritative style, given the high values of Autonomy as well as Love (Barros de Oliveira, 1994). Given that this parenting style is considered the most appropriate, and is predominant in the studied sample, this may be one of the factors contributing to the low levels of psychopathological symptomatology reported by adolescents, although the mean scores for well-being are not very high. Regarding this last aspect, since adolescent well-being involves multiple factors (Ross et al., 2020), it is important to note that the data were collected in a pandemic or post-pandemic context of COVID-19. In this sense, we can consider that the levels of well-being reported by adolescents are quite reasonable or even good.

Knowing that coping is composed of adaptive and maladaptive strategies, the aim was to investigate whether the association between different coping strategies and love and autonomy would have different directions. The results of the correlations performed allow us to conclude that there are statistically significant positive and negative associations. Thus, for instance, the higher the levels of love and autonomy, the higher the levels of acceptance, use of social and emotional support, and positive reinterpretation,

and vice versa. On the other hand, the higher the levels of love and autonomy, the lower the levels of self-blame, and vice versa. In sum, it has been found that parenting styles based on love and autonomy are positively correlated with positive coping strategies (e.g., Positive Reframing) and negatively correlated with inadequate coping strategies (e.g., Substance Use).

Regarding the association between parenting practices and adolescent well-being, as expected, love and autonomy are positively related to the dimensions of well-being, although correlations with psychopathological symptoms are mostly irrelevant.

This research also analysed the predictive value of each of the two dimensions of parenting practices (love and autonomy) in relation to coping and well-being, finding values that, although modest, indicate a statistically significant relationship. It was found that Love has a predictive, positive, and statistically significant effect on Well-Being as well as on the coping strategies of Social and Emotional Support and Acceptance. It was also found that Autonomy is a predictor of Well-Being and Acceptance strategy.

In sum, it was concluded that there is a significant relationship between all three variables under study, which turn out to be intertwined, although the predictive values are modest.

The limitations of this study should be acknowledged: 1) this is a cross-sectional study, 2) our instruments were mainly self-report measures, 3) the sample is not representative, and 4) data collection was made in a particular context of public health. Future studies should overcome these limitations with non-occasional samples, using additional data collection sources, such as parents, and conducting longitudinal studies, considering different time contexts.

The results obtained, even though based on an occasional sample and solely on self-report measures, suggest the existence of an association between Parental Educational Styles, Coping Styles and Mental Health (or well-being) in adolescents. Implications for research and practice can be drawn from the relationships found. So, results suggest that investing in positive parenting, through the structuring of programs focused on specific styles and strategies, enhancing authoritative practices, can have a significant effect in positive adolescent coping strategies and in mental well-being promotion or in mental illness prevention.

REFERENCES

Azman, Ö., Mauz, E., Reitzle, M., Geene, R., Hölling, H., & Rattay, P. (2021). Associations between Parenting Style and Mental Health in Children and Adolescents Aged 11–17 Years: Results of the KiGGS Cohort Study (Second Follow-Up). *Children, 8*, 672. https://doi.org/10.3390/children8080672

Barros de Oliveira, J. H. (1994). *Psicologia da Educação Familiar*. Coimbra: Almedina.

Barros de Oliveira, J. H. (1996). Desenvolvimento de um questionário de percepção de pais e filhos sobre a educação familiar. *Psychologica, 15*, 119-133. https://repositorio-aberto.up.pt/handle/10216/101927

Baumrind, D. (1966). Effects of Authoritative Parental Control on Child Behavior. *Child Development, 37*(4), 887-907. https://doi.org/10.2307/1126611

Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology, 82*(1), 102-111. https://doi.org/10.1037/0022-3514.82.1.102

Canavarro, M. C. (1999). Inventário de sintomas psicopatológicos: BSI. In M. R. Simões, M. Gonçalves, L. S. Almeida (Eds.), *Testes e Provas Psicológicas em Portugal* (Vol. II, pp. 87-109). SHO/APPORT.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4*, 92-100. https://doi.org/10.1207/s15327558ijbm0401_6

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology, 61*, 679-704 https://doi.org/10.1146/annurev.psych.093008.100352

Derogatis, L. R. (1982/1993). *BSI: Brief symptom inventory* (3rd ed.). National computer systems.

Karekla, M. K., & Panayiotou, G. (2011). Coping and experiential avoidance: Unique or overlapping constructs? *Journal of Behaviour Therapy and Experimental Psychiatry, 42*, 163-170. https://doi.org/10.1016/j.jbtep.2010.10.002.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*(3), 539–548. https://doi.org/10.1037/0022-006X.73.3.539.

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, *62*(2), 95–108. https://doi.org/10.1037/0003-066x.62.2.95

Kumpfer, K. L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *The American psychologist, 58*(6-7), 457–465. https://doi.org/10.1037/0003-066X.58.6-7.457

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer.

Lin, W., & Yi, C. (2017). The effect of family cohesion and life satisfaction during adolescence on later adolescent outcomes. *Youth & Society, 51*(5), 680–706.

Lu, H., Nie, P., & Sousa-Poza, A. (2021). The Effect of Parental Educational Expectations on Adolescent Subjective Well-Being and the Moderating Role of Perceived Academic Pressure: Longitudinal Evidence for China. *Child Ind Res 14*, 117–137. https://doi.org/10.1007/s12187-020-09750-8

Maia, C., Braz, D., Fernandes, H.M., Sarmento, H., & Machado-Rodrigues, A.M. (2025). The Impact of Parental Behaviors on Children's Lifestyle, Dietary Habits, Screen Time, Sleep Patterns, Mental Health, and BMI: A Scoping Review. *Children, 12*, 203. https://doi.org/10.3390/children12020203

Maia de Carvalho, M., & Vale-Dias, M. (2021). Is Mental Health Literacy related to different types

of coping? Comparing adolescents and adults correlates. *International Journal of Development and Educational Psychology. INFAD Revista de Psicologia*, Nº 2, Vol. 2, 281-290.

Maia de Carvalho, M., Vale-Dias, M., & Carvalho, S. (2024). Psychometric properties of the brief cope in a sample of Portuguese adolescents. *Psicologia Saúde & Doenças, 25*(1), 35-44. https://doi.org/10.15309/24psd250104

Matos, A. P., André, S. D., Cherpe, S., Rodrigues, D., Figueira, C., & Marques-Pinto, A. (2010). Estudo Psicométrico preliminar da Mental Health Continuum – Short Form – for youth numa amostra de adolescentes portugueses. *Psychologica, 53*, 131-156. https://doi.org/10.14195/1647-8606_53_7

Mendes, L., & Vale-Dias, ML (2018). Relação entre estilos educativos parentais, confiança interpessoal e vinculação na adolescência. *Psicologia, Saúde & Doenças, 19*, 136-143. http://dx.doi.org/10.15309/18psd190120

Pais-Ribeiro, J. L., & Rodrigues, A. P. (2004). Questões acerca do coping: a propósito do estudo de adaptação do Brief Cope. *Psicologia, Saúde & Doenças, 5*(1), 3-15.

Park, C. L., & Adler, N. E. (2003). Coping style as a predictor of health and well-being across the first year of medical school. *Health Psychology, 22*, 627-631. https://doi.org/10.1037/0278-6133.22.6.627

Ronen, T., Hamama, L., Rosenbaum, M., & Mishely-Yarlap, A. (2016). Subjective well-being in adolescence: The role of self-control, social support, age, gender, and familial crisis. *Journal of Happiness Studies, 17*(1), 81–104.

Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., Herat, J., Phaladi, G., Imbago-Jácome, D., Anyona, P., Sanchez, A., Damji, N., Terki, F., Baltag, V., Patton, G., Silverman, A., Fogstad, H., Banerjee, A., & Mohan, A. (2020). Adolescent Well-Being: A Definition and Conceptual Framework. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 67*(4), 472–476. https://doi.org/10.1016/j.jadohealth.2020.06.042

Sadeghi, S., Ayoubi, S., & Brand, S. (2022). Parenting Styles Predict Future-Oriented Cognition in Children: A Cross-Sectional Study. *Children (Basel, Switzerland), 9*(10), 1589. https://doi.org/10.3390/children9101589

Simões, M. R. (2000). *Investigações no âmbito da aferição nacional do teste das matrizes progressivas coloridas de Raven (M.P.C.R.)*. Lisboa: F.C. Gulbenkian/ F.C.T.

Tsenkova, V. K., Love, G. D., Singer, B. H., & Ryff, C. D. (2008). Coping and positive affect predict longitudinal change in glycosylated hemoglobin. *Health Psychology, 27* (Suppl.)., S163-S171. https://doi.org/10.1037/0278-6133.27.2

Vale Dias, M.L., & Berardo, C. (2019). Perceção de atitudes parentais e problemas de comportamento nos adolescentes. *International Journal of Developmental and Educational Psychology,INFAD Revista de Psicología*, Nº2, 1,135-144. https://doi.org/10.17060/ijodaep.2019.n2.v2.1749

Wang, B., Chen, L., Hu, C. et al. (2025). Parenting styles and adolescent coping methods: a comparative study of non-suicidal self-injury and distinct groups. *BMC Psychiatry, 25*, 611. https://doi.org/10.1186/s12888-025-07042-5

Zhou, E. S., Penedo, F. J., Bustillo, N. E., Benedict, C., Rasheed, M., Lechner, S., Soloway, M., Kava, B. R., Schneiderman, N., & Antoni, M. H. (2010). Longitudinal Effects of Social Support and Adaptative Coping on Emotional Well-Being of Survivors of Localized Prostate Cancer, *The Journal of Supportive Oncology, 8*, 196-201. https://doi.org/10.1016/j.suponc.2010.09.004

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