

**Parent-Child Relationship, Parenting Practices and
Family Wellbeing in China**
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ABSTRACT

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The goal of the present thesis was to investigate associations between parent-child relationship, parenting practices and family wellbeing (parent and child) in China. The current thesis investigated the quality of parent-child relationship, parenting practices, child and parental wellbeing with a focus on the importance of parent-child relationship as a key variable.

In order to accomplish the goal, quantitative data was collected from a Chinese parenting group (The Tulip System). The target group was parents who have 4-12 year-old children ($n = 104$, $M = 8.40$, $SD = 3.50$). Data on parent-child relationship, parenting practices, and family wellbeing (parental mental states and child behaviours) was collected by parent questionnaires.

The results of the thesis suggested a key role of parent-child relationship, as it was related to parenting practices and family wellbeing outcomes, such as less child behaviour problems under parent-child closeness, more parental depression, anxiety and stress because of parent-child conflict. The results of the study indicated that parent-child relationship may play mediating role between parenting practices and child wellbeing. The current thesis highlighted the limited effects of parent-child relationship on parental wellbeing, in particular, parent-child closeness did not improve parental wellbeing. Additionally, the mediating role of parent-child relationship between parenting practices and parental wellbeing was not verified. The present thesis sets ground for further studies aiming at enhancing parent-child relationship by improving parenting practices, which would benefit both child and parental wellbeing.

Keywords: parent-child relationship, parenting practices, parental wellbeing, child well-being

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1 INTRODUCTION

In the past decades, many parents have started to get concerned about self-improvement in their parenting practices (Wittkowski et al., 2017), since the influence of parental involvement in family wellbeing has been widely acknowledged. There are numerous amounts of information available, which aims to give parents guidance on how to implement optimal child rearing. Many concepts, such as, *parenting style* (Power, 2013), *parenting approach* (Davids et al., 2017), *parental competence* (Berryhill, 2016) as well as *child development* (Keenan et al., 2016), *child behavioural problems* (Window et al., 2004), *child performance* (Goodson & Hess, 2019) and so on, have been widely discussed and measured in various context worldwide. However, parent-child relationship (PCR) as an essential factor in maintaining family quality is only recently gaining worldwide attention as one of the key aspects in family research area (Lim, 2017). The situation in China is even more severe than many EU countries since many Chinese parents take child academic outcomes more important than anything else (e.g., parent-child relationship or inclusive child wellbeing) (Leung & Shek, 2011).

Besides, it is worth mentioning that mental health has gained more attention in the recent years since many people suffered from psychological problems because of high pressure alongside the fast-paced modern lifestyle in China. According to the cross-temporal meta-analysis of 102 studies by Su and Liu (2020), Chinese adolescence's depression rates have increased significantly from 1989 to 2018. However, a plethora of depressed children and their parents had no chance to get professional supports due to ingrained biases towards psychological problems and the lack of mental health service in China (Liu & Merritt, 2018). In the past decades, there has been a growing tendency of research concerning the association between various parenting dimensions (e.g., parenting styles and practices) and child outcomes (e.g., child academic performance and psychological adjustment) in the Chinese context (Chen et al., 2000; Su & Chen, 2020; Zhao et al., 2015). In addition, much research investigated the negative consequences caused by parent-child conflict and poor parenting practices (Bao et al., 2016; Yin

et al., 2012; Zhang & Fuligni, 2006). Nevertheless, there is limited number of studies on effective approaches which could help to enhance parent-child relationship so as to benefit family wellbeing in China. Thus, more empirical research is needed to examine the role of parent-child relationship in the Chinese context.

Child-rearing has always been among the most important topics in the Chinese culture, and many parents are willing to sacrifice themselves for their child's sake. Despite much energy, money and time invested by many Chinese parents, parent-child relationship and family quality seem to be worse than before. Thus, further practical guidelines are needed to support parents' self-development in the area of parent-child relationship and family wellbeing. Presently, parenting styles derived from western theories have attained much attention and raised some debates (Zhang et al., 2017). In order to enhance parental competence, many Chinese parents join different types of training programs. Nevertheless, it is difficult for parents to evaluate the efficacy of those programs. A review conducted by Barlow and Coren (2018), which studied six systematic reviews from the Campbell library, evaluated the effectiveness of parenting programs. The results from selected research illustrated that there were many positive outcomes affiliated with parenting programs, such as decreasing child behaviour problems and improving parental psychosocial wellbeing. A Chinese parenting group named Tulip System, which participated in the Sustainable Development Goal 4 (about quality education) Seminar in 2020, announced great outcomes in family education (e.g., better parent-child relationship and family wellbeing) after about 16 years since its foundation. The approach of the Tulip System is problem-solving positive parenting, and the aim of training is to improve parental skills through daily life guidance in order to improve parent-child relationship and to ultimate fulfil the family wellbeing. Therefore, data from the Tulip System will be used in the current thesis to examine the associations between parent-child relationship, parenting practices, and family wellbeing.

2 PARENT-CHILD RELATIONSHIP

To understand parent-child relationship and its influence on family systems, two supporting theories – *Attachment Theory* and *Bowen Family Systems Theory* (*Bowen Theory*) – will be described first. According to the *Attachment Theory* (Ainsworth & Bowlby, 1991), attachment between adults and children would secure child competences, while children who lack good relationship with adults might develop many negative outcomes, such as child distress or anxiety. Thus, it is essential to strengthen bonds between children and their significant adults (Ainsworth & Bowlby, 1991; Bowlby, 1982; Pianta, 1997; Rothbaum et al., 2002). Moreover, many studies (Dozier & Bernard, 2019; Siegel, 2020; Wang et al., 2018) have further verified the *Attachment Theory* that both parents and children benefit from good parent-child relationship. In addition, parent-child relationship affected by many parent-related aspects, like parenting practices and styles. Thus, parent-child relationship plays an important role in the family context.

Another theory is the *Family Systems Theory* (Bowen, 1966). The term *Family Systems Theory* was created in 1966 and shortened to the *Bowen Theory* since 1974. *Bowen theory* conceptualizes families as units to better understand family phenomenon, cover therapeutic approaches, decrease anxiety and increase self-efficacy to face the challenges caused by continuous evolution (Bowen, 1966; Hartman, 2019; Kerr & Bowen, 1988; Kerr, 2019). Much previous research (Wittkowski et al., 2016; Wittkowski et al., 2017; Yap & Jorm, 2015) has illustrated that marital relationship has noticeable influences in child development, whilst children might apply great effects on parents' marriage as well. The findings suggested that all members from all family levels should be included in family research, (cited by Cox and Paley, 1997). Therefore, families should be considered as systems while studying their daily operations. Thus, *Bowen Theory* provides a useful framework to understand all members in the family systems as core factors when investigating family wellbeing.

2.1 Definition of Parent–Child Relationship

In order to define parent–child relationship, it is essential to clarify the definition of relationship. Like Pianta (1997) described, “Relationships have a history, a memory; they are patterns of interactions, expectations, beliefs and affects organized at a level more abstract than observable behaviours” (p. 14). Parent–child relationship can be described as a distinct tie between child and parent. Much previous research (O’Connor et al., 2018; Rubin & Chung, 2013; Steinberg, 2001) suggested that parenting would influence parent–child relationship considerably. Besides, parent–child relationship was argued to be associated with child well-being including child behaviour and performances in many fields, such as academic, emotional and social development. At the same time, parent–child relationship was found to be connected with parents’ expectations and satisfaction of their parental identities, which is an important element of parental wellbeing (Luo et al., 2013). Typically, in the previous research parent–child relationship can be divided into two dimensions: parent–child closeness and parent–child conflict (Driscoll & Pianta, 2011).

2.2 Parent–Child Closeness

Parent–child closeness has been defined as “high level or shared positive affect” between parents and children (Holden et al., 2017, p.7), which suggests that parent–child closeness would benefit both child and parental wellbeing. Attachment theorists (Collins & Feeney, 2004; Rothbaum et al., 2007) suggested that parent–child closeness, which was related to positive parenting, such as parental involvement and parental warmth, would enhance a number of positive child outcomes, such as academic performance, self-regulation, social competence, and emotional development. Moreover, children would have high self-esteem and good understanding of others because their great social skills gained from interactions with their parents. Thus, children who have experienced positive parent–child relationships tend to be more capable to get along with their peers, which

is among the most important social skills achieved in childhood (Driscoll & Pianta 2011). On the other hand, a child experiencing a close parent–child relationship would trust parents and follow their guidance, which would reduce parents' workload and benefit parental wellbeing as well. To sum up, parent–child closeness is highly connected to positive parenting, child and parental wellbeing.

2.3 Parent–Child Conflict

Parent–child conflict has been defined as “distressed relationships caused by chronic negative emotions or interactions which would undermine parents' concerns and children's development” (Dix, 1991, p.3). It is worth mentioning that many researchers investigated the rate of parent–child conflict and found a high level of conflicts between parents and children (Driscoll & Pianta, 2011). However, there was a significant difference between constructive and destructive conflict. Constructive conflict led to positive outcomes during the problem-solving periods, while destructive conflict was more likely to break relationships and cause negative outcomes (cited from Laible and Thompson, 2002, by Driscoll and Pianta, 2011). Thus, it is crucial to better understand the parent–child conflict and the relationship between parent–child conflict, parenting practices and family wellbeing, which would help to gain benefits yet avoid damages from parent–child conflict.

According to the previous studies (Durrant et al., 2017; Yeung, 2016), parent–child conflict was more likely caused by negative parenting practices, compared to the strength of the association between positive parenting and parent–child closeness. Parent–child conflict has been found to be harmful not only for children's social competence outcomes, but also for children's emotional development. Children who have experienced negative parent–child relationship are more likely to be aggressive and demonstrate worse relationships with their peers. This may have an impact on children's wellbeing. In addition, conflicts between parents and children would cause troubles to parents and ultimately affect parental wellbeing (Guan & Li, 2017).

3 PARENTING PRACTICES

Attachment theory provided a theoretical base for the importance of parenting practices on parent-child relationship (Sears & Sears 2001). Despite numerous studies (Ainsworth & Bowlby, 1991; Bowlby, 1982; Pianta, 1997; Rothbaum et al., 2002) suggested the influences of parent-child relationship in family wellbeing, the information in guiding parents to build positive parent-child relationship was rather limited in the past. There were also many researchers who studied associations between parenting practices and child behaviour, however, reasons why parenting practises predicted child behaviour and mechanisms behind it caused many debates (Shelton et al., 1996). Additionally, parents' wellbeing would be influenced by parent-child relationship (Keresteš et al., 2012). Therefore, the association between parent-child relationship and parenting practices will be examined to build a bridge in studying links between parenting practices, child and parental wellbeing in the present thesis. Parenting practices will be broken down into two parts – positive parenting practices and negative parenting practices – and investigated separately.

3.1 Positive Parenting Practices

Two types of positive parenting practices – parental involvement and positive parenting approaches – have been proposed by Frick and colleagues, (1999) in their research:

- 1) According to Latunde (2016), parental involvement has been generally divided to traditional and non-traditional parental involvement. Traditional parental involvement was school-dominated, and parents played a role of assistant. In comparison, non-traditional parental involvement required more parenting competence and engagement during child development. Parental involvement clarified parents' responsibilities and advocated parents to be

more involved in child development, which was found to be related to not only child wellbeing but also parents' self-improvement.

- 2) Positive parenting approaches have been disseminated to prevent children from physical punishment and help parents building good parent-child relationship during the child-rearing process since last century. Positive parenting approaches have been advocated worldwide for decades, nevertheless, practices and outcomes are differentiated with diversified implementation and context. What is more, empirical evaluation and evidence are still missing, which is essential to assess the efficacy of positive parenting programs. Thus, more empirical research in assessing parenting practices and their outcomes is needed (Smith et al., 2020).

“Positive parenting is a broad umbrella term with varied connotations” (Holden et al., 2017, p. 466). “Lite form of positive parenting” was based on behaviourist approach and was proposed to set limits with continuous discipline implementation. In comparison, “strong form of positive parenting” was related to cognitive developmental theory and attachment theory, and it targeted parent and child self-improvement under a warm family circumstance (Holden et al., 2017, p. 467). In particular, there are some strong form of positive parenting approaches that aim to improve parent-child relationship and, ultimately, relationship quality of the whole family.

A 13-country study of parents' perceptions of the impact of Positive Discipline in Everyday Parenting (Durrant et al., in press) found that across low-, middle- and high-income regions, most parents perceived the program as helping them to understand their children's development (92%), communicate better with their children (93%), understand their children's feelings (94%), control their anger (87%), and build better relationships with their children (96%) (Holden et al., 2017, p.468).

3.2 Negative Parenting Practices

In contrast, Frick and colleagues, (1999) conceptualized negative parenting practices as inconsistent discipline, corporal punishment and punitive parenting. Inconsistent discipline has been defined by Melby and colleagues (1998) as “the lack of follow-through in maintaining and adhering to rules and standards of conduct for children’s behaviour”, which was associated with higher risks of both child behavioural problems and parental distress (Halgunseth et al., 2013, p.293). Corporal punishment is also known as physical punishment, which has been found as a main reason of many negative child outcomes, such as aggression and antisocial behaviours (Durrant & Ensom, 2012). Punitive parenting behaviours, such as verbal aggression and harsh discipline, might cause child behavioural or serious psychological problems now and in their later lives (Grasso et al., 2016).

Liu (2018) has studied more than 2,700 children in China. The result showed that there was a correlation between negative parenting practices and poor parent-child relationship. Unfortunately, negative parenting practices, like corporal punishment and harsh discipline were still conducted worldwide in the past decades. Much previous research suggested that poor parent-child relationship and many negative child outcomes (e.g., externalizing and internalizing behaviour, lack of self-esteem, depression, aggressive and antisocial behaviours) were caused by negative parenting practices (Fletcher, 2012; Wang & Liu, 2018; Xing et al., 2019). However, many Chinese parents still believe that harsh discipline or even corporal punishments are useful in bringing positive outcomes, such as child compliances. Additionally, Chinese proverb “Spare the rod and spoil the child” has been popular for centuries, even though the *Anti-Domestic Violence Law of the People’s Republic of China* has come into force on March 1, 2016. In light of this, it is imperative to convince Chinese parents to apply positive parenting practices instead of negative (or “stick”) parenting practices.

4 FAMILY WELLBEING: PARENTS

Wellbeing of all family members should be considered when family wellbeing was discussed, because families were systems consisting of family members (Cox and Paley, 1997). Family wellbeing (FWB) is “a complex construct, but recent conceptualizations of FWB suggest that parental physical and mental wellbeing, family self-sufficiency, and family resiliency are essential and interrelated components of FWB” (Newland, 2015, p.9). In current thesis, symptoms of depression, anxiety and stress will be examined as parental wellbeing.

The first aspect of parental wellbeing in the present thesis is depression. Depression, as a prevalent phenomenon alongside the fast-paced lifestyle, has become the biggest obstacle in fulfilling family wellbeing in the modern society. According to the World Health Organization (WHO, 2017), there was an estimated number of 322 million people suffering from depression. The rate of depressive people of the global population was gauged to be 4.4% in 2015, which had risen significantly by 18.4% compared with the proportion in 2005. Besides, the statistic from the WHO showed that there was a correlation between large populations and depression rates. Almost half of the reported data with mental disorders were from the South-East Asia Region and Western Pacific Region, which included India and China.

The second aspects of parental wellbeing that is in focus of the current thesis is anxiety. Anxiety is a negative emotional syndrome with a variety of symptoms, such as “irritability, sleep and appetite disturbance, and concentration or decision-making difficulties” (Szabó & Lovibond, 2006, p.195). Some symptoms overlap with depression; however, anxiety may include physiological hyperarousal and positive affect, which differentiates it from depression symptoms (Szabó & Lovibond, 2006).

The third aspect of parental wellbeing in this thesis is stress. Stress is also a negative emotional syndrome, which includes symptoms overlapping with both

depression and anxiety. Lovibond and Lovibond (1995) suggested that the symptoms of stress included tension, testiness and uneasiness, which might cause other negative effects and function damage eventually.

People have increased awareness about depression and other mental disorders, and the society increasingly providing support concerning psychological diagnosis and therapies. However, the rates of psychological problems have been increased all the time (Charrois et al., 2020; Jaser et al., 2005; Morris et al., 2012). In particular, parental mental health has been a concern in recent years because there is a significant relation between parental and child mental disorders within families. For example, Farmer and Lee (2011) argued that parenting stress directly affected mothers' depression and the discourses between parents and children, which would influence parent-child relationship and family wellbeing. However, parental wellbeing was often placed in the opposite position of child wellbeing when family wellbeing was discussed in daily life. Because many people assumed that parents would have no time to enjoy their own life if they spent too much time and effort on their children. Nevertheless, parental wellbeing and child wellbeing were suggested to have positive correlation (Essler et al., 2021). Bodenmann and the colleagues (2008) found that parents had less burdens after enhancing their parenting competencies, and child wellbeing improved at the same time. Moreover, parents were believed to suffer more because of parent-child conflict compared with children (Keresteš et al., 2012). This may happen because parents take parent-child conflict personally whilst children may take it as a daily challenge only. Additionally, Berryhill (2016) argued that there were tight connections between parenting, parent-child relationship and parental wellbeing. Therefore, the current thesis will examine the role of parental wellbeing and the relationship between parent-child relationship, parenting practices, child and parental wellbeing in family context.

5 FAMILY WELLBEING: CHILDREN

Apart from parental wellbeing, “child wellbeing is built upon a foundation of family wellbeing (FWB)” (Newland, 2015, p.3). There are many different ways to measure child wellbeing. In this thesis, child internalizing behaviour (emotional and peer problems), externalizing behaviour (conduct problems and hyperactivity) and prosocial behaviour (Goodman et al., 2010) will be examined.

According to the previous studies, the signs of internalizing behaviour were often shown to be symptoms of social withdrawal, loneliness, depression, anxiety and low self-esteem (Achenbach, 1966; Gresham et al., 1999). In this thesis, internalizing behaviour consisted of emotional and peer problems. Emotional problems have been defined as emotional regulation problems, such as self-blame and lack of self-control (Garnefski et al., 2001). Peer problems have been defined as deficiency of peer relationship, such as lack of peer interaction, peer acceptance and peer group relations (Hay et al., 2004). Both emotional and peer problems have been linked to negative parenting styles and poor family relationship (Achenbach et al., 1987; Garnefski et al., 2001).

In contrast, externalizing behaviour often manifest as disruptive behaviour or conduct problems, which is targeted to the outside world and cause problems to others (Achenbach, 1966; Gresham et al., 1999). In current thesis, externalizing behaviour was broken down into conduct problems and hyperactivity. Conduct problems are common in childhood and adolescence and often manifest through symptoms of aggressive or antisocial behaviour (Fairchild et al., 2019). In addition, hyperactivity, which is also known as attention-deficit, is another widespread phenomenon among minors. The symptoms of hyperactivity disorders are mostly inattention or lack of sustention (American Psychiatric Association 2000).

Finally, prosocial behaviour manifests positive behaviours (e.g., empathy, willing to help and share), which is beneficial for others yet opposite to antisocial behaviour (Batson & Shaw, 1991). Prosocial behaviour was considered in the present thesis as the only positive measures of child behaviour and wellbeing. The

development of prosocial behaviour of children is highly connected with child social, moral and emotional development (Eisenberg, & Beilin, 1982).

Newland (2015) argued that parent-child closeness would benefit child wellbeing. Otherwise, child wellbeing would be difficult to sustain if there were conflicts in family context. Several decades ago, Turner and colleagues, (1987) have suggested that family was a crucial context to prevent the child anxiety since there was a correlation between parental and child anxiety. The result showed that children were seven to nine times more likely to get an anxiety disorder or other psychological problems if parents had an anxiety disorder, compared to other children.

Woodruff-Borden and colleagues, (2002) examined the possible transmission of mental disorders from parents to children in their study. They found that negative child mental health outcomes were related to anxious parents, because anxious parents would apply more negative parenting practices (e.g., controlling behaviour, psychological control) to their children. Also, anxious parents might engage themselves to many other maladaptive behaviours, such as disengaging children's activities, ignoring children's basic needs, not praising children, putting children in stressful context without teaching them how to manage such situations. These parental behaviours might become risk factors, which would exacerbate parent-child conflict and drive children to develop internalizing, externalizing and non-prosocial behaviour. Moreover, parents who tend to concentrate on child school performance might not always pay enough attention to the effects of their behaviour on children's wellbeing or their relationship with children. This can be especially true among parents in China. Thus, the investigation of child wellbeing (externalizing and internalizing behaviours) and the relationship between parent-child relationship, parenting practices, child and parental wellbeing would be implemented in the present study.

6 RESEARCH QUESTIONS

The main aim of the present thesis is to examine the extent to which parent–child relationship (PCR) relates to parenting practices, parental and child wellbeing. From the perspective of *Bowen Theory*, we should consider both parental and child wellbeing while studying their daily operation. To some extent, parent–child relationship is the foundation of all family practices and outcomes in family systems. The findings from previous research suggested that all members of family systems were important factors in maintaining family wellbeing (Cox & Paley, 1997). In the Chinese context, the bond between family members is stronger compared with some western countries. Therefore, parent–child relationship is the central factor to be studied in the present thesis. In order to build a favourable parent–child relationship, parenting practices should also be highly considered. A new-born baby would bring enormous pressure to novice parents, which has been studied in previous research (Campbell et al., 1992). Besides, raising a child is restless process with endless challenges, which are highly related to family wellbeing. So, the connection between parent–child relationship and child wellbeing as well as parental wellbeing should also be examined. Thus, all these associations were tested to get a better understanding of parent–child relationship and its correlated factors in Chinese family systems.

A cross-sectional correlational study has been set up to investigate associations between parent–child relationship, parenting practices, child and parental wellbeing in China. In particular, data from Chinese parents participating in the Tulip System, which is a parenting training program, have been gathered by questionnaires. Theoretical model is presented in Figure 1. The following research questions (RQ) were asked:

RQ1: To what extent parenting practices (i.e., positive and negative) that parents employ when dealing with their children relate to the quality of parent–child relationship (i.e., closeness and conflict)?

RQ2: a. To what extent the quality of parent–child relationship relates to parent wellbeing (i.e., depression, anxiety and stress)?

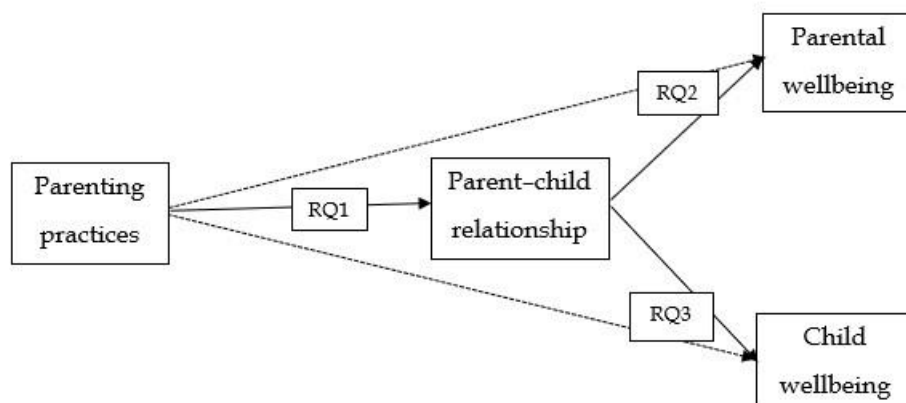
b. To what extent the quality of parent–child relationship relates to parent wellbeing (i.e., depression, anxiety and stress), after controlling for parenting practices?

RQ3: a. To what extent the quality of parent–child relationship relates to child wellbeing (i.e., internalizing, externalizing and prosocial behaviours)?

b. To what extent the quality of parent–child relationship relates to child wellbeing (i.e., internalizing, externalizing and prosocial behaviours), after controlling for parenting practices?

Figure 1.

Theoretical Model of Hypothesized Associations Between Parenting Practices, Parent–Child Relationship, Parental and Child Wellbeing



7 IMPLEMENTATION OF THE STUDY

The methodology and research process are described in this chapter. Firstly, the sample and its recruitment process are described. Then, instruments utilized in current study are presented. Finally, information on the reliability and ethical issues is presented.

7.1 Participants and Procedure

The data for the thesis was collected from 104 Chinese parents/guardians (91.3% mothers, $n = 95$; 3.9% fathers, $n = 4$; 4.8% others, $n = 5$) in the Tulip System. The Tulip System is a Chinese parenting training group, which is formed mostly by mothers. The target of the Tulip system is to build good relationships between family members, especially parent-child relationship, through the daily life in their family system. The participants filled up questionnaires about parent-child relationship, parenting practices, and family wellbeing. Parents were also asked to report their general information, family circumstance and study experience. All participants were motivated to attain the knowledge of family education (63.5% attended training, $n = 66$; 36.5% attended study groups, $n = 38$). Parents were asked to answer questions in relation to one of their children. The referenced children were between 4-12 years old (48.1% girls, $n = 50$; 49.0% boys, $n = 51$; 2.9% unknown, $n = 3$).

Table 1

Parent/Guardian Education

Education	Participant	partner
Primary school or below	1 (1.0%)	1 (1.0%)
Junior high school	11 (10.6%)	19 (18.3%)
Senior high school	12 (11.5%)	13 (12.5%)
College/University	75 (72.1%)	64 (61.5%)
Master or above	5 (4.8%)	7 (6.7%)

Table 1 shows the distribution of participants' and their partners' education. Majority of parents/guardians had a college/university. Only a few parents had education of primary school or below.

In the family structure part, 90% of informants ($n = 94$) claimed that their children lived with both father and mother, and 2.9% of parents ($n = 3$) were single parents, while 6.7% ($n = 7$) guardians were grandparents or others. Besides, 94.2% of participants ($n = 98$) lived with their kids constantly, and 4.8% of responders ($n = 5$) lived with their children irregularly (lived together on the weekends or regular times per month), whilst only 1 (1.0%) person lived separate with the child. Additionally, there were 51% ($n = 53$) of family which had more than one child, and 49% ($n = 51$) of family had only one child.

7.2 Parent Questionnaire

Questionnaires were answered by parents/guardians between 5–11th July 2021. The questionnaire was constituted with four scales, which measured parent-child relationship, parenting practices, parental wellbeing and child wellbeing.

7.2.1 Parent-Child Relationship

The short form of the *Child-Parent Relationship Scale* (CPRS-SF; Pianta, 1997) was utilized to measure the quality of parent-child relationship in this study. Parents/guardians answered questions related to their relationship with a specific child in their family. The scale consists of 15 items, containing two subscales: Closeness (7 items) and Conflict (8 items). The permission was granted to translate the CPRS-SF into simplified Chinese, which is the general language in mainland China. The 5-point Likert scale (1 - Completely disagree; 2 - Disagree; 3 - Neither agree nor disagree; 4 - Agree; 5 - Completely agree) was applied to rate responders' selections of all questions.

Many researchers have applied the *Child-Parent Relationship Scale* in previous studies. For example, Simkiss and colleagues, (2013) examined the correlation between parent-child relationship and child outcomes in Warwickshire with

the CPRS-SF, which has proved the validity of the *Child-Parent Relationship Scale* practically. Besides, the validity of the *Child-Parent Relationship Scale* has been confirmed in testing the connection between family economy and relationships in the Chinese context (Zhang, 2012).

Table 2

Factor Loadings of Items of the Child-Parent Relationship Scale-Short Form (CPRS-SF; Pianta, 1997)

Closeness		Factor Loadings	
		1	2
1.	I share an affectionate, warm relationship with my child.	.62	-.31
3.	If upset, my child will seek comfort from me	.66	-.05
5.	My child values his/her relationship with me	.71	.06
6.	When I praise my child, he/she beams with pride	.79	.10
7.	My child spontaneously shares information about himself/herself	.70	.03
9.	It is easy to be in tune with what my child is feeling	.41	-.31
15.	My child openly shares his/her feelings and experiences with me.	.59	.03
Conflict			
2.	My child and I always seem to be struggling with each other	-.04	.49
4.	My child is uncomfortable with physical affection or touch from me	-.07	.28
8.	My child easily becomes angry with me	.17	.57
10.	My child remains angry or is resistant after being disciplined	.05	.54
11.	Dealing with my child drains my energy	-.02	.75
12.	When my child is in a bad mood, I know we 're in for a long and difficult day	.09	.65
13.	My child 's feelings toward me can be unpredictable or can change suddenly	-.07	.40
14.	My child is sneaky or manipulative with me	-.17	.42

The *exploratory factor analysis* using the principal axis factoring method with direct oblimin rotation was performed to investigate whether the *Child-Parent Relationship Scale* was valid to apply in the current sample(see Table 2). The analysis extracted two fixed factors from the scale with fixed number of factors, which has explained 37% of the variance. *Exploratory factor analysis* showed that all parent-child closeness items fell into the first factor and all parent-child conflict items fell to the second factor, which showed that there have been consistencies in the distinction of two dimensions of parent-child relationship in this particular

sample. Besides, the reliability of this scale was also proven to be high in the current sample (Table 6). Thus, it was decided to use all the items of the original scale as suggested by the author to continue the present analysis (CPRS-SF; Pianta, 1997).

7.2.2 Parenting Practices

The modified short-term *Alabama Parenting Questionnaire* (APQ; Frick et al., 1999; Shelton et al., 1996) was applied to measure the condition of parenting practices in this study. The permission to modify the APQ was granted by the author. 10 items of Poor Monitoring/Supervision were deleted because of child age limitation. Also, the modified short-term scale was translated into simplified Chinese in present study. Parents/guardians self-reported their evaluation of their daily parenting practices. The scale consisted of 32 items, containing two subscales: Positive parenting practices (16 items) and Negative parenting practices (16 items). The 5-point Likert scale (1 - Never; 2 - Almost Never; 3 - Some-times; 4 - Often; 5 - Always) was applied to rate responders' selections of all questions.

Many previous studies have proved the validation of the *Alabama Parenting Questionnaire*. For instance, Clerkin and colleagues, (2007) adjusted the APQ in their research of parental invention during early childhood and found that the revised APQ was more valid compared with original one under certain circumstance. In addition, the APQ has been tested to be valid in studying a parenting program in Hong Kong (Chan et al., 2021).

The *exploratory factor analysis* using the principal axis factoring method with direct oblimin rotation was performed to investigate whether the *Alabama Parenting Questionnaire* was valid to apply in the current sample (see Table 3). The analysis extracted two fixed factors from the scale with fixed number of factors, which has explained 27% of the variance. *Exploratory factor analysis* showed that not all positive parenting practices items fell into the first factor, and a few negative parenting practices items did not fall to the second factor either, which showed that there might have been some inconsistencies in the distinction of two dimensions of parenting practices in this particular sample. However, this scale was proven

to be valid and reliable in many different contexts. Moreover, the reliability of this scale was also proven to be high in the current sample (Table 6). Thus, it was decided to use the selected items of two broader subscales to continue present analysis (APQ; Frick et al., 1999; Shelton et al., 1996).

Table 3

Factor Loadings of Items of the Alabama Parenting Questionnaire (APQ; Frick et al., 1999; Shelton et al., 1996)

		Factor Loadings	
Positive Parenting		1	2
1.	You have a friendly talk with your child	.48	-.27
2.	You let your child know when he/she is doing a good job with something	.73	-.10
4.	You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups)	.39	.06
5.	You reward or give something extra to your child for obeying you or behaving well	.20	.20
6.	You play games or do other fun things with your child	.52	-.12
8.	You ask your child about his/her day in school	.54	-.03
9.	You help your child with his/her homework	.17	.15
11.	You compliment your child when he/she does something well	.66	.03
12.	You ask your child what his/her plans are for the coming day	.44	-.09
13.	You drive your child to a special activity	.58	.09
14.	You praise your child if he/she behaves well	.70	.07
15.	You hug or kiss your child when he/she has done something well	.62	-.07
16.	You talk to your child about his/her friends	.60	-.08
18.	Your child helps plan family activities	.26	-.12
20.	You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school	.39	.05
21.	You tell your child that you like it when he/she helps out around the house	.54	.07
30.	You calmly explain to your child why his/her behaviour was wrong when he/she misbehaves.	.39	-.37

(Table continues)

		Factor Loadings	
Negative Parenting		1	2
3.	You threaten to punish your child and then do not actually punish him/her	.02	.63
7.	Your child talks you out of being punished after he/she has done something wrong	.19	.29
10.	You feel that getting your child to obey you is more trouble than it's worth	-.04	.36
17.	You let your child out of a punishment early (like lift restrictions earlier than you originally said)	-.23	.33
19.	Your child is not punished when he/she has done something wrong	-.07	.41
22.	The punishment you give your child depends on your mood	-.20	.70
23.	You spank your child with your hand when he/she has done something wrong	-.16	.46
24.	You ignore your child when he/she is misbehaving	.04	.36
25.	You slap your child when he/she has done something wrong	-.08	.41
26.	You take away privileges or money from your child as a punishment	-.11	.67
27.	You send your child to his/her room as a punishment	-.19	.50
28.	You hit your child with a belt, switch, or other object when he/she has done something wrong	-.22	.37
29.	You yell or scream at your child when he/she has done something wrong	.07	.61
31.	You use time out (make him/her sit or stand in a corner) as a punishment	.18	.33
32.	You give your child extra chores as a punishment	-.27	.21

7.2.3 Parental Wellbeing (Depression, Anxiety, Stress)

The 21-items of the *Depression Anxiety Stress Scales* (DASS21; Lovibond & Lovibond, 1995) was utilized to measure the quality of parental wellbeing in this study. Parents/guardians self-reported their evaluation of their own wellbeing. The scale consisted of 21 items, containing three subscales: Depression (7 items), Anxiety (7 items) and Stress (7 items). The permission of adjusting the Hongkong Chinese DASS21 was granted to adapt for the simplified Chinese user. The 4-point Likert scale (0 - Did not apply to me at all; 1 - Applied to me to some degree, or some of the time; 2 - Applied to me to a considerable degree, or a good part of

time; 3 - Applied to me very much, or most of the time) was applied to rate responders' selections of all questions.

Table 4

Factor Loadings of Items of the Depression Anxiety Stress Scales (DASS21; Lovibond & Lovibond, 1995)

Depression		Factor Loadings		
		1	2	3
3.	I couldn't seem to experience any positive feeling at all	-.20	.19	.86
5.	I found it difficult to work up the initiative to do things	.05	.29	.43
10.	I felt that I had nothing to look forward to	.36	.41	.09
13.	I felt downhearted and blue	.35	.28	.35
16.	I was unable to become enthusiastic about anything	.34	.48	.10
17.	I felt I wasn't worth much as a person	.11	.88	-.08
21.	I felt that life was meaningless	-.05	.74	.09
Anxiety				
2.	I was aware of dryness of my mouth	.44	-.15	.25
4.	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	.23	.18	.37
7.	I experienced trembling (e.g., in the hands)	.68	.04	-.17
9.	I was worried about situations in which I might panic and make a fool of myself	.67	.12	.06
15.	I felt I was close to panic	.57	.26	-.04
19.	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	.62	.09	.04
20.	I felt scared without any good reason	.42	.30	.17
Stress				
1.	I found it hard to wind down	.07	-.11	.81
6.	I tended to over-react to situations	.32	.25	.26
8.	I felt that I was using a lot of nervous energy	.60	-.04	.32
11.	I found myself getting agitated	.52	.10	.41
12.	I found it difficult to relax	.38	-.11	.54
14.	I was intolerant of anything that kept me from getting on with what I was doing	.42	.16	.31
18.	I felt that I was rather touchy	.23	.11	.51

The validity of the DASS21 was examined from both clinic and non-clinic contexts in previous studies. Henry and Crawford (2005) tested the validity of the DASS21 with a 1794 non-clinic sample in UK, whereas Ng and colleagues, (2007) confirmed the validity of DASS21 in the clinical condition as well. Additionally, the cross-cultural validation of the DASS21 has been examined successfully in China (Wang et al., 2016).

The *exploratory factor analysis* using the principal axis factoring method with direct oblimin rotation was performed to investigate whether the factor structure of *Depression Anxiety Stress Scales* can be achieved in the current sample (see Table 4). The analysis extracted three fixed factors from the scale with fixed number of factors, which has explained 56% of the variance. *Exploratory factor analysis* showed that almost all parental anxiety items fell into the first factor, yet some parental depression and stress items did not fall to the second and third factors, which showed that there might have been some inconsistencies in the distinction of three dimensions of parental wellbeing in this particular sample. However, this scale was proven to be valid and reliable in many different contexts. Moreover, the reliability of this scale was also proven to be high in the current sample (Table 6). Thus, it was decided to use all the items of the original scale as suggested by the author to continue the present analysis (DASS21; Lovibond & Lovibond, 1995).

7.2.4 Child Wellbeing (Internalizing, Externalizing, Prosocial Behaviour)

The *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1997) was implemented to measure the quality of child wellbeing in this study. Parents/guardians answered questions related to one of their specific kids' wellbeing. The scale consists of 25 items, containing two broader subscales and one independent subscale: Internalizing Behaviour (10 items), Externalizing Behaviour (10 items) and prosocial Behaviour (5 items). The permission of using the simplified Chinese SDQ was granted. The 3-point Likert scale (0 - Not True; 1 - Somewhat True; 2 - Certainly True) was applied to rate responder' selections of all questions.

Table 5

Factor Loadings of Items of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Goodman et al., 2010)

Internalizing Behaviour		Factor Loadings		
		1	2	3
3.	Often complains of headaches, stomach-aches or sickness	.49	.11	-.03
6.	Rather solitary, tends to play alone	.58	-.31	.09
8.	Many worries, often seems worried	.62	-.11	.04
11.	Has at least one good friend	-.06	.59	-.03
13.	Often unhappy, downhearted or tearful	.66	-.09	-.01
14.	Generally liked by other children	-.13	.55	.15
16.	Nervous or clingy in new situations, easily loses confidence	.53	-.22	-.07
19.	Picked on or bullied by other children	.55	.07	-.05
23.	Gets on better with adults than with other children	.26	.24	.07
24..	Many fears, easily scared	.68	-.15	-.02
Externalizing Behaviour				
2.	Restless, overactive, cannot stay still for long	-.03	.08	-.76
5.	Often has temper tantrums or hot tempers	.58	-.14	-.18
7.	Generally obedient, usually does what adults request	.11	.16	.19
10.	Constantly fidgeting or squirming	.09	.06	-.61
12.	Often fights with other children or bullies them	.39	.14	-.33
15.	Easily distracted, concentration wanders	-.03	.04	-.86
18.	Often lies or cheats	.24	.11	-.46
21.	Thinks things out before acting	-.00	.18	.52
22.	Steals from home, school or elsewhere	.33	.34	-.36
25.	Sees tasks through to the end, good attention span	.04	.23	.61
Prosocial Behaviour				
1.	Considerate of other people's feelings	-.19	.46	.27
4.	Shares readily with other children (treats, toys, pencils etc.)	-.10	.62	-.12
9.	Helpful if someone is hurt, upset or feeling ill	-.01	.54	.00
17.	Kind to younger children	-.07	.59	.03
20.	Often volunteers to help others (parents, teachers, other children)	-.02	.67	.02

Huge data from different countries has been tested with the SDQ and the validity of the SDQ has been declared in previous studies. Goodman and colleagues, (2010) suggested to use the broader subscales of the SDQ in low-risk samples after their research which contained a huge data of 18,222 British children. In contrast, the original 5 subscales did not show a consistency in the Chinese context, for instance, 4 of the 5 subscales were tested to be valid in an 8 provinces study in China (Gao et al., 2013). Thus, two broader subscales and one independent scale of the SDQ were utilized in the current research since it would be more valid in the Chinese context.

The *exploratory factor analysis* using the principal axis factoring method with direct oblimin rotation was performed to investigate whether the *Strengths and Difficulties Questionnaire* was valid to apply in the current sample (see Table 5). The analysis extracted three fixed factors from the scale with fixed number of factors, which has explained 38% of the variance. *Exploratory factor analysis* showed that all child prosocial behaviour items fell into the second factor, yet some child internalizing and externalizing behaviour items did not fall to the first and third factors, which showed that there might have been some inconsistencies in the distinction of three dimensions of child wellbeing in this particular sample. However, this scale was proven to be valid and reliable in many different contexts. Moreover, the reliability of this scale was also proven to be high in the current sample (Table 6). Thus, it was decided to use all the items of the original scale – containing one independent and two broader subscales scale as suggested by the author and colleagues later – to continue the present analysis (SDQ; Goodman, 1997; Goodman et al., 2010).

7.3 Reliability

The reliability of all the scales in the study which was examined by *Cronbach's alpha* are shown in the table below. Table 6 shows high reliability of all scales which were utilized in the current thesis.

Table 6*Reliability*

Scale	Cronbach's alpha
<i>Parent-Child Relationship</i>	
Closeness	.74
Conflict	.84
<i>Parenting practices</i>	
Positive Parenting	.82
Negative Parenting	.80
<i>Parental Wellbeing</i>	
Depression	.87
Anxiety	.84
Stress	.90
<i>Child Wellbeing</i>	
Internalizing Behaviour	.75
Externalizing Behaviour	.80
Prosocial Behaviour	.73

7.4 Data Analysis

The *IBM SPSS Statistics 26* program file was used to analyse the data. Certain statistical analysis methods were conducted to answer research questions of current thesis. Firstly, distributions of the data were examined by *descriptive statistics* to calculate mean, standard deviation, range, skewness and kurtosis . Then associations between parent-child relationship, parenting practises, parental wellbeing and child wellbeing were tested by both *Pearson's* correlation test (parametric) and *Spearman's* correlation test (non-parametric) in case some variables of the data were not normally distributed. Finally, a set of hierarchical regressions were applied to test predictions between variables to further answer research questions of the present study. In all analyses of current research, the main results were controlled for child's age, child's gender, participant's age, participant's and partner's education.

8 RESULT

The research questions will be answered with the results of the study in the following chapters. Firstly, descriptive statistics is presented (Table 7). Then correlations between parent-child relationship, parenting practices, parental wellbeing and child wellbeing, which were analysed by the *Pearson's* and *Spearman's* tests, is presented (Table 8 and Table 9). At last, hierarchical regressions are presented (Table 10-14).

8.1 Descriptive Statistics

An overview of all study variables, which was reported by all participants in the study, was showed in this section (Table 7).

Table 7

Descriptive Statistics

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Potential Range</i>	<i>Actual Range</i>	<i>Skewness</i>	<i>Kurtosis</i>
<i>Control Variables</i>							
Child's Age	102	8.40	3.50	4-12	1-24	1.07	3.15
Child's Gender	104	1.54	.56	1-3	1-3	.36	.91
Participant's Age	102	39.30	6.71		29-70	1.85	4.98
Participant's Education	104	3.69	.76	1-5	1-5	-1.41	1.76
Partner's Education	104	3.55	.90	1-5	1-5	-.84	-.19
<i>Parent-Child Relationship</i>							
Closeness	104	4.08	.68	1-5	2-5	-.95	.53
Conflict	104	2.34	.69	1-5	1-4.5	.11	.08
<i>Parenting Practices</i>							
Positive Parenting	104	3.72	.44	1-5	2.59-5	-.05	.28
Negative Parenting	104	2.24	.46	1-5	1.2-3.33	-.17	-.21
<i>Parent Wellbeing</i>							
Depression	104	.59	.58	0-3	0-2.29	.98	.05
Anxiety	104	.61	.59	0-3	0-2.43	1.19	.82
Stress	104	.97	.76	0-3	0-3	.69	-.17
<i>Child Wellbeing</i>							
Internalizing Behaviour	104	.51	.36	0-2	0-1.6	.81	-.04
Externalizing Behaviour	104	.65	.39	0-2	0-1.8	.70	.14
Prosocial Behaviour	104	1.47	.43	0-2	.4-2	-.35	-.91

Table 7 shows that parents/guardians self-reported having closer relationships with kids compared with conflicting ones. Also, parents/guardians reported that they utilized more positive parenting practices and less negative ones in their daily lives. Besides, parents/guardians self-evaluated their wellbeing and reported to be more stressed than depressed and anxious, even though no serious symptoms were reported. Additionally, parents/guardians reported that their children had more externalizing behaviour problems than internalizing ones. However, both problematic behaviours were averagely mild, while prosocial behaviour was significant.

8.2 Association between Parent-child relationship, Parenting practices, Parental wellbeing and Child Wellbeing

Table 8 and Table 9 presented the results of associations between parent-child relationship, parenting practises, parental wellbeing and child wellbeing. Before proceeding with correlations, the normality of all variables was checked. The *Kolmogorov-Smirnov* and *Shapiro-Wilk* tests showed that some variables were not normally distributed, suggesting that non-parametric statistical methods could be of better fit to our data. However, examination of skewness and kurtosis showed that two of the variables exceeded ± 2 , suggesting a possibility to use parametric statistical methods. Consequently, to clarify the results of normality, both *Pearson's* correlation test (parametric) and *Spearman's* correlation test (non-parametric) were applied to check the relationships between the mean scores of all variables. If the results are similar, it means that non-normality of some variables does not affect the results. The results showed that parametric and non-parametric associations did not differ significantly. Thus, also taking the results of skewness and kurtosis into account, transformations of the variables were not performed.

The results (See Table 8 and Table 9) showed the correlations between different variables, which provided a fundamental output to conduct the regressions to further answer questions of the current research.

Table 8*Results of the Pearson's Correlational Analysis*

Variables	Control Variables					P-C Relationship		Parenting Practises		Parent Wellbeing			Child Wellbeing		
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
<i>Control Variables</i>															
Child's Age	1														
Child's Gender	-.01	1													
Participant's Age	.21*	.01	1												
Participant's Education	-.16	.03	.02	1											
Partner's Education	-.16	.10	.09	.52**	1										
<i>Parent-Child Relationship</i>															
1. Closeness	-.21	.04	-.16	.10	.02	1									
2. Conflict	.08	.05	.15	-.16	.01	-.30**	1								
<i>Parenting Practises</i>															
3. Positive Parenting	-.16	-.13	-.06	.11	.15	.53**	-.38**	1							
4. Punitive Parenting	-.13	-.08	-.02	.12	.02	-.29*	.58**	-.24*	1						
<i>Parental Wellbeing</i>															
5. Depression	.06	-.11	-.05	-.17	.07	-.22*	.40**	-.14	.41**	1					
6. Anxiety	.03	-.10	.04	-.06	.12	-.12	.45**	-.17	.44**	.74**	1				
7. Stress	-.01	-.07	-.02	-.10	.07	-.21*	.44**	-.25**	.47**	.77**	.76**	1			
<i>Child Wellbeing</i>															
8. Internalizing Behaviour	-.01	.01	.07	-.12	.12	-.40**	.43**	-.19	.25**	.50**	.49**	.50**	1		
9. Externalizing Behaviour	-.04	-.20*	-.05	-.21*	-.25*	-.29**	.43**	-.27**	.42**	.35**	.33**	.36**	.43**	1	
10. Prosocial Behaviour	.14	.06	.01	.05	-.09	.29**	-.28**	-.26**	-.29**	-.16	-.01	-.14	-.36**	-.25*	1

P-C = Parent-Child Relationship. * $p < .05$. ** $p < .01$.

Table 9*Results of the Spearman's Correlational Analysis*

Variables	Control Variables					P-C Relationship		Parenting Practises		Parent Wellbeing			Child Wellbeing		
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
<i>Control Variables</i>															
Child's Age	1														
Child's Gender	-.03	1													
Participant's Age	.27**	-.01	1												
Participant's Education	-.17	.01	.03	1											
Partner's Education	-.22*	.10	.13	.53**	1										
<i>Parent-Child Relationship</i>															
1. Closeness	-.20*	.09	-.10	.13	-.02	1									
2. Conflict	.13	.04	.14	-.22*	.01	-.35**	1								
<i>Parenting Practises</i>															
3. Positive Parenting	-.20*	-.10	.01	.15	.07	.50**	-.38**	1							
4. Punitive Parenting	-.08	-.16	-.07	.11	-.01	-.33*	.56**	-.19*	1						
<i>Parental Wellbeing</i>															
5. Depression	.04	-.13	-.10	-.15	.07	-.25**	.41**	-.17	.44**	1					
6. Anxiety	.03	-.10	.00	-.14	.10	-.13	.46**	-.22*	.50**	.68**	1				
7. Stress	.05	-.09	-.12	-.15	.05	-.26**	.46**	-.32**	.51**	.76**	.71**	1			
<i>Child Wellbeing</i>															
8. Internalizing Behaviour	-.07	.02	.01	-.20*	.09	-.35**	.47**	-.18	.23*	.51**	.47**	.49**	1		
9. Externalizing Behaviour	.03	-.23*	-.05	-.24*	-.26**	-.34**	.37**	-.28**	.38**	.36**	.29**	.37**	.39**	1	
10. Prosocial Behaviour	.13	.05	.03	.08	-.11	.33**	-.27**	-.28**	-.24*	-.25**	-.09	-.20*	-.38**	-.24*	1

P-C = Parent-Child Relationship. * $p < .05$. ** $p < .01$.

8.3 Regressions between Parent-child relationship, Parenting practices, Parental wellbeing and Child Wellbeing

Hierarchical regression analysis was used to answer the main research questions.

8.3.1 Regression analysis for the variables of parenting practices predicting parent-child relationship

To answer the research question 1, the hierarchical regression analysis was conducted to investigate how parenting practices (positive and negative) predict parent-child relationship (closeness and conflict), after controlling for demographics (child's age, child's gender, participant's age, participant's education and partner's education). The independent variables were entered into the model in following steps. In the first step, a set of control variables was entered. In the second step, positive parenting practices and negative parenting practices were included. The results of the hierarchical regression analysis are presented in Table 10.

Table 10

Hierarchical Regression Analysis Predicting Parent-Child Relationship (Closeness and Conflict) by Parenting Practises (positive and negative) Socio-Demographic Characteristics

	Closeness		Conflict	
	Step 1	Step 2	Step 1	Step 2
	β	β	β	β
Child's Age	-.17	-.13	.04	.07
Child's Gender	.04	.09	.05	.06
Participant's Age	-.12	-.10	.13	.12
Participant's Education	.10	.11	-.22	-.29*
Partner's Education	-.05	-.12	.11	.18*
Positive Parenting		.47***		-.21*
Negative Parenting		-.20*		.58***
R^2	.06	.36***	.06	.49***
ΔR^2	-	.30***	-	.43***

Note. * $p < .05$, ** $p < .01$. *** $p < .001$. β = standardized regression coefficient, R^2 = explanation, ΔR^2 = change in explanation

The results (see Table 10) showed that the control variables and the variables of parenting practises explained a total of 36% of the variance on parent–child closeness ($F [7, 92] = 7.33, p <.001$) and a total of 49% of the variance on parent–child conflict ($F [7, 92] = 12.38, p <.001$).

The control variables were entered at Step 1, which did not statistically significantly explain parent–child closeness ($F [5, 94] = 1.30, p = .27$) and parent–child conflict ($F [5, 94] = 1.21, p = .31$): Child’s age, gender, participant’s age, participant’s education and partner’s education did not differ from each other on their parent–child closeness and conflict.

The means of positive parenting practices and negative parenting practices were entered into the model in the second step, in turn, increased the explanation rate of the parent–child closeness model statistically significantly (increased 30%; ($F [7, 92] = 7.33, p <.001$) as well as the parent–child conflict model statistically significantly (increased 43%; ($F [7, 92] = 12.38, p <.001$). In the second step, the effect of the positive parenting practices on parent–child closeness was positive statistically significant, whilst the effect of negative parenting practices on parent–child closeness was negative and significant: the higher the positive parenting practices or the lower the negative parenting practices, the better the parent–child closeness. On the other hand, the effect of the positive parenting practices on parent–child conflict was negative and significant, while the effect of negative parenting practices on parent–child conflict was positive and statistically significant: the lower the positive parenting practices or the higher the negative parenting practices, the worse the parent–child conflict.

8.3.2 Regression analysis for the variables of parent–child relationship predicting parental wellbeing

Table 11 presented the hierarchical results of regression, in which the dependent variable was parental wellbeing (depression, anxiety and stress), and the explanatory variables were control variables (child’s age, child’s gender, participant’s age, participant’s education and partner’s education) and parent–child relationship (closeness and conflict). The independent variables were entered into the

model with following steps. The control variables were set as independent variables in the first step, while the means of parent–child closeness and parent–child conflict were set as independent variables in the second step, which stated the research question 2.a.

Table 11

Hierarchical Regression Analysis Predicting Parental Wellbeing (Depression, Anxiety, Stress) by Parent–Child Relationship (closeness and conflict) Socio-Demographic Characteristics

	Depression		Anxiety		Stress	
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2
	β	β				
Child's Age	.07	.04	.04	.02	.00	-.03
Child's Gender	-.12	-.13	-.12	-.14	-.08	-.10
Participant's Age	-.08	-.14	.02	-.04	-.04	-.10
Participant's Education	-.28*	-.19	-.17	-.07	-.19	-.09
Partner's Education	.25*	.21	.22	.17	.18	.13
Closeness		-.11		.03		-.10
Conflict		.35***		.45***		.41***
R^2	.09	.24**	.05	.23**	.04	.23**
ΔR^2	-	.15***	-	.19***	-	.19***

Note. * $p < .05$, ** $p < .01$. *** $p < .001$. β = standardized regression coefficient, R^2 = explanation, ΔR^2 = change in explanation

The results (see Table 11) showed that the control variables and parent–child relationship explained a total of 24% of the variance on parental depression ($F [7, 92] = 4.01, p < .01$), a total of 23% of the variance on parental anxiety ($F [7, 92] = 4.02, p < .01$) and a total of 23% of the variance on parental stress ($F [7, 92] = 3.95, p < .01$).

The control variables were entered at Step 1, which did not statistically significantly explain the variance of parental depression ($F [5, 94] = 1.83, p = .11$), parental anxiety ($F [5, 94] = .97, p = .44$) or parental stress ($F [5, 94] = .76, p = .58$). However, particular predictors showed some differences. Child's age, gender,

participant's age, participant's education and partner's education did not differ from each other on parental anxiety or stress. Also, child's age, gender, participant's age did not differ from each other on their parental depression. Nonetheless, the effect of the participants' education in parental depression was negative and statistically significant and the effect of the partners' education on parental depression was positive and statistically significant: the lower the participants' education or the higher the partners' education, the worse the participants' parental depression.

The means of parent-child closeness and parent-child conflict were entered into the model in the second step, in turn, increased the explanation rate of the parental depression model statistically significantly (increased 15%; ($F [7, 92] = 4.01, p < .01$), the parental anxiety model statistically significantly (increased 19%; ($F [7, 92] = 4.02, p < .01$) and also the parental stress model statistically significantly (increased 19%; ($F [7, 92] = 3.95, p < .01$). In the second step, the effect of parent-child closeness on parental depression, anxiety and stress were not statistically significant, but the effect of parent-child conflict on parental depression, anxiety and stress was positive and statistically significant: the higher the parent-child conflict, the worse the parental depression, anxiety or stress.

8.3.3 Regression analysis for the variables of parent-child relationship predicting parental wellbeing under the control of the variables of parenting practises

Table 12 presented the hierarchical results of regression, in which the dependent variable was parental wellbeing (depression, anxiety and stress), and the explanatory variables were control variables (child's age, child's gender, participant's age, participant's education and partner's education), parental practices (positive and negative) and parent-child relationship (closeness and conflict). The independent variables were entered into the model with following steps. The control variables were set as independent variables in the first step, the means of positive parenting practices and negative parenting practices were set as independent

variables in the second step, then the means of parent–child closeness and parent–child conflict were set as independent variables in the third step, which stated the research question 2.b.

The results (see Table 12) showed that the control variables, parenting practises, parent–child relationship explained a total of 30% of the variance on parental depression ($F [9, 90] = 4.35, p <.001$), a total of 31% of the variance on parental anxiety ($F [9, 90] = 4.40, p <.001$) and a total of 32% of the variance on parental stress ($F [9, 90] = 4.62, p <.001$).

The control variables were entered at Step 1, the results were the same as previous analysis of the control variables predicting parental wellbeing. The means of positive parenting practises and negative parenting practises were entered into the model in the second step, in turn, increased the explanation rate of the parental depression model statistically significantly (increased 20%; ($F [7, 92] = 5.36, p <.001$), the parental anxiety model statistically significantly (increased 22%; ($F [7, 92] = 4.84, p <.001$) and also the parental stress model statistically significantly (increased 26%; ($F [7, 92] = 5.72, p <.001$). In the second step, the effects of positive parenting practises on parental depression, anxiety and stress were not statistically significant, but the effects of negative parenting practises on parental depression, anxiety and stress were positive and statistically significant: the higher the negative parenting practises, the worse the parental depression, anxiety or stress.

The means of parent–child closeness and parent–child conflict were entered into the model in the third step, in turn, increased the explanation rate of the parental depression model slightly (increased 1%; ($F [9, 90] = 4.35, p <.001$), the parental anxiety model slightly (increased 4%; ($F [9, 90] = 4.40, p <.001$) and the parental stress model slightly (increased 1%; ($F [9, 90] = 4.62, p <.001$). In the third step, the effects of both parent–child closeness and parent–child conflict on parental depression, anxiety and stress were not statistically significant.

Table 12

Hierarchical Regression Analysis Predicting Parental Wellbeing (Depression, Anxiety, Stress) by Parent–Child Relationship (closeness and conflict) under the Control of Parenting Practises (positive and negative) Socio-Demographic Characteristics

	Depression			Anxiety			Stress		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
	β	β	β	β	β	β	β	β	β
Child's Age	.07	.12	.10	.04	.08	.08	.00	.03	.03
Child's Gender	-.12	-.09	-.10	-.12	-.09	-.11	-.08	-.07	-.08
Participant's Age	-.08	-.09	-.11	.02	.01	-.00	-.04	-.05	-.06
Participant's Education	-.29*	-.35**	-.30**	-.17	-.23*	-.18	-.19	-.25*	-.21
Partner's Education	.25*	.29**	.25*	.22	.26*	.24*	.18	.24*	.21
Positive Parenting		-.04	.02		-.07	-.09		-.16	-.14
Negative Parenting		.45***	.35**		.45***	.36**		.46***	.38**
Closeness			-.06			.13			.03
Conflict			.15			.22			.15
R^2	.09	.29***	.30***	.05	.27***	.31***	.04	.30***	.32***
ΔR^2	-	.20***	.01	-	.22***	.04	-	.26***	.01

Note. * $p < .05$, ** $p < .01$. *** $p < .001$. β = standardized regression coefficient, R^2 = explanation, ΔR^2 = change in explanation

8.3.4 Regression analysis for the variables of parent–child relationship predicting child wellbeing

Table 13 presented the hierarchical results of regression, in which the dependent variable was child wellbeing (internalizing behaviour, externalizing behaviour and prosocial behaviour), and the explanatory variables were control variables (child's age, child's gender, participant's age, participant's education and partner's education) and parent–child relationship (closeness and conflict). The independent variables were entered into the model with following steps. The control variables were set as independent variables in the first step, while the means of parent–child closeness and parent–child conflict were set as independent variables in the second step, which stated the research question 3.a.

The results (see Table 13) showed that the control variables and parent–child relationship explained a total of 30% of the variance on child internalizing behaviour ($F [7, 92] = 5.68, p <.001$), a total of 34% of the variance on child externalizing behaviour ($F [7, 92] = 6.87, p <.001$) and a total of 18% of the variance on child prosocial behaviour ($F [7, 92] = 2.93, p <.01$).

The control variables were entered at Step 1, which did not statistically significantly explain the variance of child internalizing behaviour ($F [5, 94] = 1.22, p = .31$) and child prosocial behaviour ($F [5, 94] = .87, p = .51$). However, particular predictors showed some differences. Child's age, gender, participant's age and partner's education did not differ from each other on child internalizing behaviour and prosocial behaviour. Besides, participant's education did not differ from each other on child prosocial behaviour, but the effort of participant's education on child internalizing behaviour was negative and significant: the higher the participant's education, the worse the child internalizing behaviour. Additionally, the effort of all control variables did significantly explain the variance of child externalizing behaviour ($F [5, 94] = 2.37, p <.05$), even though the effort of every single particular predictor did not differ from each other on child externalizing behaviour.

Table 13

Hierarchical Regression Analysis Predicting Child Wellbeing (Internalizing Behaviour, Externalizing Behaviour and Prosocial Behaviour) by Parent–Child Relationship (closeness and conflict) Socio-Demographic Characteristics

	Internalizing Behaviour		Externalizing Behaviour		Prosocial Behaviour	
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2
	β	β				
Child's Age	-.02	-.09	-.09	-.14	.14	.20
Child's Gender	-.01	-.01	-.18	-.19*	.07	.07
Participant's Age	.06	-.02	-.01	-.09	-.01	.05
Participant's Education	-.25*	-.15	-.13	-.02	.15	.08
Partner's Education	.23	.18	-.18	-.24*	-.15	-.11
Closeness		-.32**		-.20*		.27*
Conflict		.32**		.40***		-.22*
R^2	.06	.30***	.11*	.34***	.04	.18**
ΔR^2	-	.24***	-	.23***	-	.14**

Note. * $p < .05$, ** $p < .01$. *** $p < .001$. β = standardized regression coefficient, R^2 = explanation, ΔR^2 = change in explanation

The means of parent–child closeness and parent–child conflict were entered into the model in the second step, in turn, increased the explanation rate of the child internalizing behaviour model statistically significantly (increased 24%; ($F [7, 92] = 5.68, p < .001$), the child externalizing behaviour model statistically significantly (increased 23%; ($F [7, 92] = 6.87, p < .001$) and the child prosocial behaviour model statistically significantly (increased 14%; ($F [7, 92] = 2.93, p < .01$). In the second step, the effect of parent–child closeness was negative, yet the effect of parent–child conflict was positive statistically significant on both child internalizing and externalizing behaviours: the higher the parent–child closeness or the lower the parent–child conflict, the worse the child internalizing or externalizing behaviours. Nevertheless, the effect of parent–child closeness was positive, yet the effect of parent–child conflict was negative on child prosocial behaviour: the higher

the parent–child closeness or the lower the parent–child conflict, the better the child prosocial behaviour.

8.3.5 Regression analysis for the variables of parent–child relationship predicting child wellbeing under the control of the variables of parenting practises

Table 14 presented the hierarchical results of regression, in which the dependent variable was child wellbeing (internalizing behaviour, externalizing behaviour and prosocial behaviour), and the explanatory variables were control variables (child’s age, child’s gender, participant’s age, participant’s education and partner’s education), parenting practices (positive and negative) and parent–child relationship (closeness and conflict). The independent variables were entered into the model with following steps. The control variables were set as independent variables in the first step, the means of positive parenting practices and negative parenting practices were set as independent variables in the second step, then the means of parent–child closeness and parent–child conflict were set as independent variables in the third step, which stated the research question 3.b.

The results (see Table 14) showed that the control variables, parenting practices, parent–child relationship explained a total of 31% of the variance on child internalizing behaviour ($F [9, 90] = 4.48, p < .001$), a total of 37% of the variance on child externalizing behaviour ($F [9, 90] = 5.75, p < .001$) and a total of 20% of the variance on child prosocial behaviour ($F [9, 90] = 2.56, p < .05$).

The control variables were entered at Step 1, the results were the same as previous analysis of the control variables predicting child wellbeing. The means of positive parenting practices and negative parenting practices were entered into the model in the second step, in turn, increased the explanation rate of the child internalizing behaviour model significantly (increased 10%; ($F [7, 92] = 2.46, p < .05$), the child externalizing behaviour model significantly (increased 21%; ($F [7, 92] = 6.10, p < .001$) and the child prosocial behaviour model significantly (increased 15%; ($F [7, 92] = 2.89, p < .01$). In the second step, the effects of positive parenting practices on child internalizing, externalizing and prosocial behaviour

were not statistically significant. However, the effect of negative parenting practices on child internalizing and externalizing behaviour was positively significant, while the effect of negative parenting practices on prosocial behaviour was negatively significant: the higher the negative parenting practices, the more the child internalizing and externalizing behaviours or the less the child prosocial behaviour.

The means of parent-child closeness and parent-child conflict were entered into the model in the third step, in turn, increased the explanation rate of the child internalizing behaviour model statistically significantly (increased 15%; ($F [9, 90] = 4.48, p <.001$), the child externalizing behaviour model slightly (increased 5%; ($F [9, 90] = 5.75, p <.001$) and the child prosocial behaviour model slightly (increased 2%; ($F [9, 90] = 2.56, p <.001$). In the third step, the effect of parent-child closeness was negatively significant, yet the effect of parent-child conflict was positive and statistically significant on child internalizing behaviour: the lower the parent-child closeness or the higher the parent-child conflict, the more the child internalizing behaviour. And the effect of parent-child closeness was not significant, yet the effect of parent-child conflict was positively significant on the child externalizing behaviour: the higher the parent-child conflict, the more the child externalizing behaviour. Nevertheless, the effects of both parent-child closeness and parent-child conflict were not significant on child prosocial behaviour.

Table 14

Hierarchical Regression Analysis Predicting Child Wellbeing (Internalizing Behaviour, Externalizing Behaviour and Prosocial Behaviour) by Parent-Child Relationship (closeness and conflict) under the Control of Parenting Practises (positive and negative) Socio-Demographic Characteristics

	Internalizing Behaviour			Externalizing Behaviour			Prosocial Behaviour		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
	β	β	β	β	β	β	β	β	β
Child's Age	-.02	-.01	-.09	-.09	-.07	-.11	.14	.15	.18
Child's Gender	-.01	-.01	.00	-.18	-.17	-.18	.07	.09	.08
Participant's Age	.06	.05	-.03	-.01	-.02	-.07	-.01	.01	.04
Participant's Education	-.25*	-.28*	-.13	-.13	-.18	-.08	.15	.17	.13
Partner's Education	.23	.27*	.16	-.18	-.13	-.20	-.15	-.20	-.16
Positive Parenting		-.13	.11		-.18	.20		.25*	.15
Negative Parenting		.25*	-.04		.38***	-.06		-.22*	-.13
Closeness			-.38**			-.14			.17
Conflict			.37**			.27*			-.10
R^2	.06	.16*	.31***	.11*	.32***	.37***	.04	.18**	.20*
ΔR^2	-	.10**	.15***	-	.21***	.05*	-	.14**	.02

Note. * $p < .05$, ** $p < .01$. *** $p < .001$. β = standardized regression coefficient, R^2 = explanation, ΔR^2 = change in explanation

9 DISCUSSION

This section discusses the findings of the current research by describing the importance of parent–child relationship for parenting practices, parental wellbeing and child wellbeing in the family system. Research questions are answered with results of the current study separately. Then limitations and implications based on the findings of the present thesis are discussed respectively.

9.1 Parent–Child Relationship and Parenting Practises

The first research question asked about the extent to which parenting practices were related to the quality of parent–child relationship. Results of both *Pearson's* and *Spearman's* correlational analysis found significant associations between parent–child relationship and parenting practices, which complemented the suggestions of the *Attachment Theory* (Ainsworth & Bowlby, 1991). In particular, the correlations between parent–child closeness and positive parenting practices were significantly positive, and the correlations between parent–child conflict and negative parenting practices were also positive and significant. Additionally, results of the hierarchical regression analysis indicated that positive parenting practices statistically predicted parent–child closeness while the effect of negative parenting practices was less strong but still significantly negative. In contrast, negative parenting practices predicted higher parent–child conflict, whilst the effect of positive parenting practices was weak yet significantly negative.

The results of the current study align well with previous research (Durant, 2016; Larzelere, 1986; Shek, 2007). For example, in their literature review, Seay and colleagues, (2014) analysed 120 previous articles (e.g., Duncan et al., 2009; Leon, 2002) and suggested that positive parenting practices supported building of a good parent–child relationship. By contrast, Burt, McGue and colleagues, (2005) argued that parents' reactions were one of the reasons, which led to worse

parent–child conflict and aroused child externalizing behaviour problems eventually. In conclusion, the findings between the quality of parent–child relationship and parenting practices of the present study shared a similarity with previous studies in this field. That is, when parents involved in their children’s activities and gave their children enough attention and support, parent–child closeness increased (Thomas & Zimmer-Gembeck, 2007). Conversely, there was a tendency of aggravating parent–child conflict by negative parenting practices, such as ignoring children, punishing children in verbal, physical or other punitive ways (Weaver et. al., 2015).

9.2 Parent–Child Relationship and Parental Wellbeing

The second research question asked about the extent to which parent–child relationship quality was associated with parental wellbeing. Results of the correlations confirmed the expected associations between the variables of parent–child relationship, parental wellbeing and parenting practices. Exceptions were the non-significant associations between parent–child closeness and parental anxiety, positive parenting practices and parental depression. These findings confirmed the *Bowen Theory*, which suggested that family members had strong connections and influenced each other enormously in the family systems (Bowen, 1966). Also, the present research provided practical evidence that parent–child relationship quality can be related to the symptoms of parental depression, anxiety and stress, which was consistent with many previous studies (Baranov et. al., 2020; Heerman et al., 2017; Kujawa et al., 2020).

Then, the hierarchical regression analysis was conducted to investigate if parent–child relationship would predict parental wellbeing. Results showed that parent–child conflict significantly predicted parental wellbeing. In particular, the parent–child conflict positively predicted the parental depression, anxiety and stress. One explanation for this result is that parents may feel blue and difficult to relax if their children would be angry or fight with them. Parent–child relationship has been suggested to be an intermediary between parental and child

wellbeing in some previous research. For instance, Villodas and colleagues, (2018) has applied longitudinal research to confirm the transitional role of parent-child relationship between maternal and child wellbeing. Nevertheless, rather limited research has been found from the other angle – influence from parent-child relationship to parental wellbeing. Thus, the current study provided support also for a different direction, which emphasized the importance of parent-child relationship in enhancing parental wellbeing potentially in the family system.

Furthermore, the hierarchical regression analysis tested if parent-child relationship could predict parental wellbeing after controlling for parenting practices. Unfortunately, results showed that parenting practices did not predict parental wellbeing when parent-child relationship was included. In the current study, results failed to support the assumption that parent-child relationship was a mediator between parenting practices and parental wellbeing. Even though previous research (Algarvio & Leal, 2016; Fadjukoff et al., 2016) has investigated the associations between parenting practices and parental wellbeing. The role of parent-child relationship, which represented the essential link between parents and children in the family system, has not been included. However, the current study was a good attempt in highlighting the potential role that parent-child relationship played in connecting different factors from parental angle in the family system.

Although not explicitly investigated as a separate research question, it must be acknowledged that the results of the correlational analysis of the current study showed the highest associations between parental wellbeing and child wellbeing. The consequences of parental depression, anxiety and stress on child wellbeing have been studied widely in previous family research (Eckshtain et al., 2018; Ringoot et al., 2015; Sweeney & MacBeth, 2016), yet the influence of child wellbeing on parental wellbeing has gained very limited investigation (Baker et al., 2020). High and continuous parental pressure starts with a new-born baby and continues throughout child's development (Campbell et al., 1992). Thus, it is possible that the associations between parental wellbeing and child wellbeing represents

some underlying mechanisms. For instance, not only parental wellbeing can affect child wellbeing, but also child wellbeing might influence parental wellbeing enormously. Despite this part was not fully examined in present thesis, it deserves more attention in further research in this area.

9.3 Parent–Child Relationship and Child Wellbeing

The third research question asked about the extent to which parent–child relationship was associated with child wellbeing. Results of the correlational analysis confirmed associations between parent–child relationship, child wellbeing and parenting practices. Most measured variables of parent–child relationship, child wellbeing and parenting practices were significantly correlated with each other. The only exception concerned the non-significant correlation between positive parenting practices and child internalizing behaviour. The results were consistent with many previous studies (Blair et al., 2014; MacKinnon et al., 2018; Rubilar & Richaud, 2018; Villodas et al., 2018). Also, findings of the third research question provided evidence on the factors predicting child wellbeing. In particular, such factors as parenting practices and parent–child relationship were considered.

After investigating correlations, the hierarchical regression analysis was conducted to examine if parent–child relationship would predict child wellbeing. Results found that parent–child relationship significantly predicted child internalizing and externalizing behaviour problems. In particular, high parent–child closeness predicted low child internalizing behaviour (e.g., feeling worried, unhappy, nervous, fearful when being with other children). Also, parent–child closeness predicted low child externalizing behaviour (i.e., a composite of contacting problem and hyperactivity). In contrast, higher parent–child conflict predicted higher child internalizing and externalizing behaviour. Moreover, the effect of parent–child relationship on child prosocial behaviour was found to be significant in the present study, suggesting that children who have good relationship with their parents tend to be more considerate, helpful and kind-hearted.

Similarly, the essential role of parent–child relationship has been suggested by many researchers in the past decades (Dadds et al., 2019; Oliver & Pike, 2018). For instance, Van Roy and colleagues, (2010) found that parent–child conflict predicted the increasing of child behaviour and emotional problems. Also, Nath and colleagues, (2016) found that father–child conflict predicted problems in child adjustment and social emotional development.

In addition, the results of the hierarchical regression analysis were controlled for parenting practices. The previously reported results remained the same, that is, parent–child closeness would predict less internalizing behaviour, whilst parent–child conflict would lead to more child internalizing behaviour. According to the controlled results, parent–child conflict also predicted more externalizing behaviour. To illustrate, parents who apply positive parenting practices (e.g., communicate, praise and support children) would create intimate relationship with their children, and children would be happier and more confident as well. In contrast, children under harsh or punitive parenting would be more timid, problematic and easier to have conflicts with parents and peers. Previous research on the prediction of child wellbeing outcomes by parenting practices and parent–child relationship is consistent (Chai et al., 2020; Sau et al., 2016; Zhang et al., 2017). For example, Coldwell and colleagues, (2006) suggested that parent–child *Chaos* would predict the consequent child problem behaviour after controlling parenting practices. Also, Stallman and colleagues, (2014) argued that parenting practices would predict parent–child relationship and then predict changes on child behaviours. For instance, the improvement of parents’ competencies would enhance the quality of parent–child relationship and then benefit children’s behavioural and emotional development.

9.4 Limitations and Future Research

Despite the findings of the current study, some limitations need to be taken into account. Firstly, parents/ guardians answered questionnaires and were the only participants of the present study. Children’s perspective was not included in the

current study. Because the questionnaire was designed to measure families with kids between 4–12 years old, it would be a challenge to get reliable and valid answers for the questionnaire from young children. Besides, most participants were mothers, who do not represent a full parental perspective. Father's perspective in parenting practices, parent–child relationship and family wellbeing need further investigation (Frank et al., 2015). Additionally, the quality of father–child relationship and mother–child relationship could have reciprocal influences on each other in the family context (Zhang & Chen, 2010).

Secondly, the current study was restricted by time and space. Therefore, it was not possible to apply any longitudinal studies, which would better answer all research questions. The current study showed significant associations between parent–child relationship, parenting practices, parental wellbeing and child wellbeing. Additionally, many predictions between different variables were tested to be successful in current study. However, the influences of changes of one variable on the others across time were not possible to be examined. Thus, longitudinal analyses are required to enhance the accuracy of the results presented here.

Thirdly, the data was collected from an online group of the Tulip System, the goal of which is to enhance family wellbeing. Although the sample size was rather small compared with the big population in China, the data represents a certain group of people and should be generalized to other populations with caution. Nevertheless, limitations of the sample size did not allow to perform all the analysis that were initially planned. For instance, parenting practices could be divided into five subscales: *parental involvement*, *positive parenting*, *inconsistent discipline*, *corporal punishment* and *punitive parenting* (Frick et al., 1999; Shelton et al., 1996). Child wellbeing could also be measured by five subscales: *emotional problems*, *peer problems*, *conduct problems*, *hyperactivity* and *prosocial behaviour* (Goodman, 1997). Therefore, more data could be gathered to get more accurate and generalizable results. Furthermore, all participants were Chinese, which represented only family systems in the Chinese circumstance. Data coming from different countries and their comparison can provide even wider possibilities for

generalizability. For example, the comparison of Chinese and Finnish family systems would be a good start to study the similarities and differences as well as build a better understanding between east and west countries.

9.5 Practical Implications

The findings of the present thesis were not only coherent with previous studies, but also shed light on diversified angles for the future research in the field of family education. Family is considered as the first school, and parents are supposed to be their children's first teachers. Parents have great responsibility in maintaining their children's wellbeing, which includes both physical and psychological aspects. However, not everybody was born to know how to raise a kid properly, since there are no standard rules to follow. It is rather difficult for parents to know if their parenting practices are correct because of the exposure of all kinds of parenting information nowadays. And it is rather difficult for parents to connect child misbehaviours with inappropriate parenting practices. According to the results of the current study, the intermediary role of parent-child relationship in connecting parenting practices and child wellbeing has been verified. Thus, parent-child relationship could be an alarm to remind parents of introspecting their parenting practices. That is to say, parents could observe their relationship with their children when there are problems with child wellbeing, and then certain alternations of their parenting practices would benefit their parent-child relationship so as to improve child wellbeing finally.

It is worth noting that a new law named *Family Education Promotion Law of the People's Republic of China* came into force on January 1, 2022, which shared a similar implication with the current thesis. According to this law, the purpose of family education is to help parents to be good examples in teaching and educating their children through parenting practices with perceptions consciously in their daily family life. To achieve the goal of the family education, parents or other guardians have responsibilities to learn family education knowledge in order to raise and educate minors, perform and accomplish guardianship duties

correctly. Likewise, relevant government sectors and social organizations have responsibilities to assist parents or other guardians in attaining beneficial knowledge in family education. It is a quite different angle compared with other family education, which generally aims to study specific family issues (i.e., child academic performance, child behaviour problems) separately. That is, all factors and their connections in the family system should be concerned together. And the whole society should offer systematic supports like inclusive family education for parents to attain enough knowledge to improve their parenting practices, enhance parent-child relationship and fulfil their family wellbeing (both child and parental wellbeing).

10 CONCLUSIONS

The present study has tested the associations between parent-child relationship, parenting practices, parental wellbeing and child wellbeing. The findings of the current thesis showed that parent-child relationship played an essential role in the family system, which manifested by significant correlations between parent-child relationship and parental practices, parental and child wellbeing, except the non-significant correlations between parent-child closeness and parental anxiety, positive parenting practices and parental depression, positive parenting practices and child internalizing behaviour.

To sum up, the current thesis not only aimed to emphasise the important role parent-child relationship has played on connecting the quality of parenting practices and child wellbeing, but also tried to remind parents to pay attention to the effects of parent-child relationship on their own wellbeing through parenting practices. Parent-child relationship has the potential power to benefit family wellbeing in the family system.

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