P-ISSN: 2709-6254	Journal of Development and Social Sciences	Jul-Sep 2024, Vol. 5, No. 3
O-ISSN:2709-6262	https://doi.org/10.47205/jdss.2024(5-III)12	[122-134]

Journal of Development and Social Sciences
www.jdss.org.pk

RESEARCH PAPER

Relationship of Parental Acceptance-Rejection and Psychological Adjustment in Children and Adolescents with Congenital Heart Disease

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ABSTRACT

The study's objective was to investigate the connection between psychological adjustment and parental acceptance/rejection in children and adolescents with congenital heart disease. Literature depicted that there is a significant association of Parental Acceptance-Rejection in children and adolescent psychological adjustment. The Sample of (N=240) from age range of 7 to 18 was taken from different cardiac units, clinics and schools which was consisted of two groups: patient group (n=120) and sibling group (n=120) from same parents, having same gender and same age bracket were taken for this study. Convenient purposive sampling technique was used. The study included children and adolescents with congenital cardiac disease.Short form of child version of Parental Acceptance-Rejection Questionnaire PARQ (Rohner, 2015) & Personal Assessment Questionnaire PAQ (Rohner, 2016) Urdu version and Demographic sheet was administered for data collection. The analysis' findings demonstrated a highly substantial correlation between psychological adjustment and parental acceptance or rejection.Parental acceptance is positively correlated with children and adolescents' emotional instability and emotional responsiveness. Future researchers can take into account longitudinal researches for determining the level of parental-acceptance rejection and psychological adjustment among children to develop coping strategies and interventions for such families.

KEYWORDS Congenital Heart Disease, Parental Acceptance-Rejection, Psychological Adjustment

Introduction

The purpose of the study was to look at the relationship between parental acceptance or rejection and psychological adjustment in kids and teens with congenital heart disease. Congenital Heart Disease (CHD) is a term referred to Abnormalities of the heart and the veins, originated during the fatal life (approximately 2 month of pregnancy), when the heart or the cardinal veins of the heart cannot grow appropriately before birth. The irregularities including the valves, the coronary and the significant vessels of the heart can be either basic or complex (Farlex & Partners, 2009).

The most widely known type of defects that occur by birth is congenital heart disease (CHD). Every year 1.35–1.5 million children are born with this disorder around the world. Because of the advances in congenital cardiology and cardiovascular medical procedure, survival rates of new born children brought into the world with CHD have improved generously (Aboulhosn et al., 2018). In the long term, there are more adults with CHD (ACHD) than children with CHD, with over 90% of all children born with the condition living to maturity worldwide.

Unfortunately, the greater parts of the influenced patients are not cured and are constantly ill because of serious complexities from the fundamental coronary illness. Moreover, recent studies revealed that considerably lot of them experience the effects of cardiovascular and heart comorbidities, and are at danger of mental trouble, neurocognitive

deficits, and social difficulties. Therefore, the requirement for a continuous, long lasting all-encompassing consideration for these patients is undisputed (Neidenbach et al., 2018).

Classification of Congenital Heart Disease

Classifications of CHD are as follow;

Cyanotic and A cyanotic Congenital Heart Disease

Congenital Heart Disease can be classified as cyanotic congenital heart disease or either a cyanotic congenital heart disease. In both kinds, the heart is not pumping blood as productively as it should. The main difference is that whilst A CCHD does not result in low blood oxygen levels, CCHD does. Infants with decreased oxygen levels may experience breathlessness and may have blue colour to their skin. Children who have enough oxygen in their blood do not show these indications, however they may still create difficulties later in life, for example, hypertension (Colleen, 2017).

Cyanotic Congenital Heart Disease (CCHD)

Low oxygen levels are caused by a birth abnormality known as cyanotic congenital heart disease (CCHD). A generic condition is a bluish colour of the skin, called cyanosis.

Number of birth deformity that can cause by CCHD, considering;

- Complications with the heart valves that are the wags\flutter in the heart which assure the blood circulation in the right path.
- The interference in the aorta that is the greatest artery in the body.
- Irregularities in the major blood vessels occur in the heart (Gill, 2018).

Categories of Congenital Heart Disease

CHD can categories in following three types:

- Heart Valve Defects
- Heart Wall Defects
- Blood Vessel defects

According to Colleen, defects in the heart valve can cause blood flow to halt or leak. This impairs the heart's ability to efficiently pump blood (Colleen, 2017).

Heart wall defects, according to Collen, can lead to blood clotting or pooling in places where it shouldn't. These defects affect the typical wall that exists between the left and right sides as well as the upper and lower offices of the heart (chamber). The imperfection squeezes the heart to work harder, which may bring about hypertension (Colleen, 2017).

According to Collen, blood vessel anomalies may cause the arteries and veins that provide blood to the heart and return it to the body to malfunction. The body may not function properly in cases of blood vessel abnormalities. This may reduce or obstruct blood flow, leading to various health issues (Colleen, 2017).

Since the aorta was rejected by Crawford and Nylin (1945), the pipe was ligated by Gross and Hubbard (1938), and the shunt developed by Blalock and Tausig (1945) transformed the lives of children suffering from cyanotic congenital heart disease, careful

treatment has progressed to the point where the majority of sores can be healed or validated, and no age is too young for heart transplant procedures. As far as suffering and endurance are concerned, it doesn't matter if part of the more recent approach for hypo plastic left heart and other complex anomalies is advanced or regressed. The craftsmanship and study of preoperative analysis and treatment were created and tested by the specialist. Pediatricians were undoubtedly involved because of the major difficulties that were brought in infants and young children. Pediatric cardiology's reputation was established and grew in support of growth in this way, as evidenced by its own World Congress in 1980 held in London, where the problems of teenagers were specifically addressed during the final plenary session on Adolescent Survivors Triumphs or Disasters (Somerville, 2001).

Congenital Heart Disease in Children and Adolescents: A Parent's Guide

Parenting

Parenting is the process of supporting and guiding a child's physical, psychological, social, and intellectual growth from birth to adulthood. Parenting is the process of raising a child outside of a biological tie. Parenting is typically done by the natural parents, as well as authorities and society play vital role. In some cases, mourning and renounce's children get parental affection and love from non-biological parents relations (Mary, 2020).

"Parenting has strong association in child bringing up and adjustment in environment by maintain child's surrounding so that it help the children to survive in their environment (Bornstein, 2015)".

A research was conducted with CHD population to explore the parental relationship. This Study included children and adolescents with CHD. Sample was collected from cardiac unit of the Leuven; while control people were selected from schools. Sample of 429 CHD Adolescents from age-range 14-18 participated in study, and a control group having 403 individuals with same age and gender. Result indications were depression, personal satisfaction, health related status. No critical contrasts developed between both groups in apparent parenting styles. Democratic parenting, which is based on the best example, produces adolescents with congenital heart disease, whereas mentally controlling a child is based on the worst example.

Parenting style

An aspect of concerning being a parent is that there is incredible variety through which we bring up our youngsters. Many characteristics are shared at the same time, starting with one parent and continuing through the other. Indeed, there is sufficient likeness that have attempted to assemble guardians into four regular parenting or nurturing styles (Baumrind, 2020). Nurturing style alludes to the mix of techniques that you use to bring up your kids. The four Baumrind's nurturing styles have different names and qualities:

- Authoritarian or Disciplinarian
- Permissive or Indulgent
- Uninvolved
- Authoritative

These Baumrind's nurturing styles are United States-driven and it isn't clear how well these styles guardians diversely. Every nurturing style indicated four regions of any event: discipline style, correspondence, nurturance, and desires.

Parental Acceptance-Rejection

Parental acceptance can be expressed in two ways: verbally and physically. It is the Parental acceptance can be expressed in two ways: verbally and physically. It is the friendship, warmth, affection, and love that parents have for their children. Physical expression of warmth includes parental behavior in the same ways as hugging, petting, kissing, supporting, or smiling.

Warmth expressed verbally includes parental behavior such as cheering or praising. When a child experiences parental rejection, they feel disliked, undervalued, and uncared for, and there is either no love or a major loss of affection. It describes the children's loss of warmth, affection, or love for their guardian. There are three important structures in it (Rohner & Rohner, 1975).

- Hostility and aggression
- In difference and neglect
- Undifferentiated rejection

Psychological Adjustment:

Psychological Adjustment is usually characterized by the presence/absence of analysed psychological disorder, sound mental health, or negative disposition. Specialists have started to analyse the effect and perceived self-improvement as indication of modification, for a few reasons. Many people with constant infection report constructive alteration. Positive adjustment is not just the absence of pain. A congenital condition that effects children and adolescent with CHD creates many issues in psychological adjustment. Positive and negative influence speaks to moderately particular measurements and conceivably has various determinants and outcomes. It may support or fix negative state of mind. For instance, the presence of positive influence seems to decrease the extent of the connection among pain and negative effect in rheumatic disease patients. (Commander, 2012).

The relationship of parental acceptance-rejection was distinguished in research done with CHD patients. The study inspected children and adolescence with CHD. Principle result estimates were severe indications, dejection, personal satisfaction, wellbeing status, liquor, cigarette, and medication use. There are no discernible differences in the apparent parenting methods of adolescents with CHD and controls. Though psychologically a parenting by the least ideal example, popularity-based parenting was matched by the most ideal example of results in teenagers with CHD (Khaleque & Rohner, 2002).

For children and adolescents with congenital heart disease (CHD), psychosocial adjustment improves health-related outcomes. As a result, it improves their quality of life and quality of life in relation to their health. A meta-investigation done in which the twenty-three study surveying mental modification and evaluating Quality of life were incorporated. Methodological nature of the investigations shifted enormously with most studied indicating a moderate quality. An impressive extent of child experienced maladjustment same as parents, concentrates on the self-detailed PAQ show a decent result, the investigations on Quality of life recommend decrease for certain children specifically for the increasingly extreme heart ailment, reports of parental maladjustment were identified with seriousness of the CHD and formative postponement. A variety of outcome indicators, such as social, emotional, or psychosocial aspects, are combined with psychological adjustment a typical methodology separates among disguising and externalizing conduct troubles. The former are described by side effects of uneasiness, sadness, while the last incorporate reprobate, forceful, and flaunt conduct (Young, 2003).

Literature Review

A foundation for building a connective relationship between parental acceptance/rejection and psychological adjustment in children and teenagers with congenital heart disease is provided by the body of research. A study was done previously to show the parental warmth and love with the sample of 228 adolescents in South Bohemia Czechoslovakia. The results showed that parental warmth and affection received a high score, while parental rejection and antagonism received a low score (Matejcek & Kadubcova, 1983).

Childhood experiences of parental approval or rejection and adult experiences of acceptance from social figures has been seen in concentrates as related with numerous mental, conducts, enthusiastic, and different advantages, including positive life fulfilment, mental solidness, psychological hardiness, positive educational accomplishment, sentiments or feeling of passionate security, and social responsibility. Furthermore, recognitions of parental acceptance in children have been demonstrated to be a general support in adulthood against the advancement of biomarkers showing an inclination for some negative physical- health results, for example, cardiovascular infection (Carroll et al., 2013).

Psychological Adjustment is a larger part in health related personal satisfaction of children and adolescents with CHD. Health related outcomes related results like clinical adherence, lesser hospitalization, infection seriousness, illness range in identify with traits of psychological adjustment. Personal satisfaction and prosperity of these people was affected by their relational relations, relational peculiarity, physical development, psychological adjustment of these people. The relational psychological adjustment is a lot of subject to their apparent parenting and relational adjustment (Gross et al., 2012).

Past studies with CHD patients distinguished between the association between psychological adjustment and parental acceptance/rejection. CHD children and adolescents were included in the study. The University Hospitals Leuven's pediatric and congenital cardiology department was used to identify the adolescents with CHD, whereas secondary schools were used to pick the control group. Result explore the warmth, personal satisfaction, emotional responsiveness, health status, and or in term of medication use. Regarding apparent parenting approaches, there were no significant differences seen between adolescents with CHD and controls. The best example of results in teenagers with CHD was popular parenting, while the least ideal example involved psychologically dominating parenting (Khaleque & Rohner, 2002).

An earlier study analyzed the relationships between talented and typical adolescents, as well as the psychosocial adjustment and parenting methods of teenagers. Four scales were used to administer in sample size of 118 gifted and 115 normal adolescents. The findings showed that brilliant adolescents felt and thought more positively about their parents than did average adolescents. Compared to ordinary adolescents, gifted adolescents had a more positive self-concept and showed less psychological reactions, such as stress, anxiety, and depression. The parent of intellectually genius adolescents in general was more definitive and less discipliner than parent of normal child. While the autocratic parenting style has an adverse effect on the psychosocial development of talented adolescents but not on that of ordinary adolescents, the legitimate parenting style is correlated with the psychological alterations of both talented and normal adolescents. The findings of the study suggest that gifted children's mental health and general well-being are significantly impacted by authoritarian parenting (Golorokh, 2016).

Hypotheses

In children and adolescents with congenital heart disease, there will be a relationship between psychological adjustment and parental acceptance or rejection.

Material and Methods

The study sought to determine the relationship between congenital heart disease, parental acceptance or rejection, and psychological adjustment as well as to assess the differences between the participants and their siblings. This section contained a thorough explanation of each step taken, including initiating, conducting, and evaluating the research findings.

Participants

The research sample consisted of N=240 children and adolescents from which (n=120) was taken as patient group from different cardiac units, clinics and schools and (n=120) was taken as siblings group (normal children) from same parents. The siblings group was taken from same gender sibling, having same socioeconomic status and also has same level of literacy rate.

The sibling group was taken to measure the difference of patients with their healthy controls. As children delay in puberty change due to their congenital condition. The age range selected from 7-18 year. Many comparative studies were previously done that working on CHD patients and healthy siblings to explore different aspects (Khalque & Rohner, 2012).The sample for this study was collected from Faisalabad and Toba Tek Singh.

Inclusion and Exclusion Criteria

Children and adolescents with CHD and Healthy siblings from same parents with the sameage range, i.e.; age range 7-18 were included in the study. Adult patient with CHD was excluded. Comorbidity of other physical and psychological disorder was also excluded from sample. Patient with one parent or single child were also excluded from study.

Assessment Measures

To evaluate the variables included in the study following questionnaires were used.

- Demographic Sheet
- Parental Acceptance-Rejection Questionnaire (Urdu Version)
- Personality Assessment Questionnaire (Urdu version)

Demographic Sheet

Demographic information is useful for better understanding of samples' condition. This information pursues the basic knowledge about samples and it also allows the person doing that survey to understand where each of the samples falls in his/her survey. The survey which uses such information is called demographic survey. This information included name, age, education, income, number of siblings, birth order, family system (nuclear or joint), duration of illness, duration of treatment, surgeries, medical adherence, and family history. Demographic sheet was preceded after signing the consent form.

Parental Acceptance Rejection Questionnaire (Rohner, 2015) Urdu Version

The purpose of the Parental Acceptance-Rejection Questionnaire (PARQ), a self-report survey, is to examine how children and adolescents perceive their current

circumstances and how much they acknowledge receiving parental acceptance or rejection (both maternal and protective). Ronald P. Rohner, whose beneficiary name is Nancy D. Rohner, developed it. The American Psychological Association published the scale in 1978, and it had its first revision in 1980. It was subsequently completely redone in 2004 and 2005, and in 2015 it was translated into Urdu. Three variants of the PARQ have been developed: Parents are asked to rate how they treat their children in the Parent PARQ, children are asked to respond in the Child PARQ about how they believe their parents (mother or father) treat them, and adults are asked to rate how they believe their parents treat them in the Adult PARQ. All of the instruments evaluate the warmth, tenderness, care, nurturing, support, or simply plain love (i.e., parental acceptance) or rejection that people experienced in their family of origin. The majority of the questionnaire's items speak to parental behavior rather than parental attitudes, which helps to avoid some of the frequent problems that arise when one must show a connection between an individual's declared attitudes and their actions. There are four scales in the measure: (1) warmth and affection (or coldness and lack of love, if scored opposite), (2) hostility, aggressiveness, and antagonism, (3) apathy and disrespect, and (4) undifferentiated rejection and hostility. Undifferentiated rejection refers to a person's feelings that their parent doesn't typically value, need, welcome, or care about them in any other way, without actually having any indication that the parent is being cold, harsh, or indifferent. The four scores together represent a general ratio of perceived or remembered parental acceptance/rejection and dismissal during adolescence.

Personal Assessment Questionnaire (Rohner, 2016) Urdu Version

The self-report questionnaire known as the personal evaluation was designed to elicit responses based on respondents' perceptions of their own selves and social environments. In 1971, the PAQ was built using a rational-theoretical framework (Goldberg, 1972). Ronald P. Rohner developed the scale. The scale was first released in English for the Adult PAQ in the fall of 1975, and in Urdu for the Child PAQ in the fall of 1976. It was translated into Urdu in 2016.

With a median reliability of.81, adult PAQ reliability coefficients (alphas) varied from.73 to.85. The PAQ's kid version has a median dependability of.63 and alphas ranging from.46 to.74. The fact that the child version's criterion scales had alphas ranging from.14 to 58 with a median dependability of.30 is noteworthy, nevertheless. Children from the age of seven until the age at which they continue to react to the kid PAQ. Kids should consider the seven conduct miens as well as themselves. Subscales were present (Rohner, 2016).1. Antagonism/hostility: This is the intense internal reaction directed towards oneself or another person. It includes feelings of outrage or hatred as well as any behavior that really or psychologically harms another person.

2. Reliance: It is the passionate dependence, for example, endorsement, backing, direction, and solace for an individual. 3. Negative confidence: It is about the inclination of one's own self, for example, disillusionment, shamefulness, disregard, aversion and refusal. 4. Negative self-adequacy: It is tied in with feeling that he one cannot bargain/adapt to issues; he is a disappointment, unequipped for progress and awkward. 5. Passionate lethargy (emotional unresponsiveness): It is the incapacity of an individual to communicate their feelings uninhibitedly unreservedly/straightforwardly of their feelings; non-immediacy and failure to react to other people. 6. Passionate shakiness (instability): It is about the unsteady ness or precariousness of state of mind and inability to withstand from encompassing burdens or challenges. Antagonistic (negative) world view: It is the view about world/worldwide or about generally speaking existence of an individual adversely, for example, the world/universe is terrible, threatening, shaky upsetting and so on. PAQ comprises of 42 things. It is a 4-point Liker type scale having reaction classifications of "Consistently", "Now and again", "Not many", "Never", "it's valid for me" type classifications having score as (score=1 on Always, score=2 on Sometimes, score=3 on Very few, score=4

on Never); while on class of "Not True for me" having reverse score as score=4 on Always, score=3 on Sometimes, score=2 on Very few, score=1on Never). The more high the score the higher the degree of maladjustment in children. Its dependability was checked through spilt-half unwavering quality strategy which shows that the scale is profoundly solid (r=0.8). In this study the personality assessment questionnaire was used to measure the psychological adjustment in children and adolescence.

Procedure

The study's proposal was initially presented to the Government College University's Board of Studies in the Applied Psychology department in Faisalabad. After the approval of this proposal, permission from the author of the scales were taken and purchased the scale from the author. The study's variable was assessed using the Personal Assessment Questionnaire and the Parental Acceptance-Rejection Questionnaire. Data collection was conducted using the convenient sampling technique. Information was gathered from schools, various cardiac clinics, and units.

Permission was taken from the Chair person and authorities of department for data collection. Initial Permission was taken from the deputy director executive officer of schools administrator, head of cardiac units. Sample size for the research was 240 children and adolescents which consist of 120 children and adolescents with CHD and 120 normal children from same parents. That's why parents' consent was taken before data collection. Parents of Participant were asked to sign the inform consent after reading it carefully which consisted of purpose of study, benefits, confidentially, and have right to skip from study. Parents as well as participants were ensured about their confidentiality of research. They were also ensured that data were not used for any other purpose rather than research. Participants were requested to fill questionnaire. Moral and legitimate thought was followed in such manner. Participant's privacy and confidentially was given much care and it was given much concern that they can with draw from study whenever they want to. The Parental Acceptance Rejection Questionnaire (PARQ) and the Personal Assessment Questionnaire (PAQ) were then used to assess the sample.

Statistical Analysis

Descriptive and inferential statistics was applied to analyse the data using SPSS 22. Reliability was measured. In order to determine the association between parental acceptance or rejection and psychological adjustment in the siblings group and children and adolescents with CHD, inter correlation and multiple regression analysis were employed.

Ethical Considerations

According to the APA ethics, authorization was reserved from the chairperson of the department of Applied Psychology, Govt. college university, Faisalabad. Inform consent was signed from parents of participants. Participants were permitted to abandon or withdraw from participation in research at any time. If participant faced any problem to understand the concept of any single item of the questionnaire, participant discussed it with researcher. The privacy and confidentiality of the participant was assured, and the data collected from the participant was maintain in coding form and it was assured by the researcher that data was used only for research purposes and was kept confidential.

Results and Discussion

Table

Summary of Inter correlation of Father PARQ and PAQ of patient group

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1.PARQF H	1												

2.PARQF N	.62***	1											
3.PARQF R	.58***	.40**	1										
4.PARQF W'	.43***	.64**	.54**	1									
5.PARQ F	.69***	.32**	.58**	-22*	1								
6.PAQ H	.18*					1							
7.PAQ D	.38***	.27**		-29**			1						
8.PAQ NSE		.36**		.21*			-.16	1					
9.PAQ NSA		.39**		.23*		.18*	-.14	.49**	1				
10.PAQ ERS						.30**	.24**	.41**	.21*	1			
11.PAQ NWV	.24***				-19*	.44**		.22*	.26**	.31**	1		
12. PAQ EIS		.28**				.21*		.67**	.55**	.39**	.41**	1	
13.PAQ		.18*				.57**	.21*	.64**	.60**	.69**	.68**	.74**	1

Note 1; ***p <.001, **p <.01, *p <.05

Note 2: PARQF=parental acceptance-rejection father, H=hostility, W=warmth, N=neglect, R=rejection.

Note 3: PAQ=personality assessment questionnaire, Hos=hostility, Dep=dependency, NSE=negative self-esteem, NSA=negative self-adequacy, ERP=emotional unresponsiveness, NW=negative world view, EIS=emotional instability.

Table illustrates the significant inter correlation among PARQ father and PAQ of CHD patient .it was found that PARQF hostility had strongly correlated with PAQ dependency(r=.38, p <.01) and PAQ negative world view(r=.24, p <.01), as well as moderated correlated with PAQ hostility (r=.18, p <.01).

PARQF neglect had significant strongly correlated with PAQ dependency (r=.27, p <.01), PAQ negative self-esteem(r=.36, p <.01), PAQ negative self-adequacy(r=.39, p <.01), PAQ emotional instability (r=.28, p <.01) and PAQ (r=.18, p <.05).

PARQF warmth' had significant correlation with PAQ negative self-esteem (r=.21, p <.05), and PAQ negative self-adequacy (r=.23, p <.05). It had negatively correlated with PAQ dependency (r=-.29, p <.01), while PARQ father had negative correlation with PAQ negative world view (r=-.19, p <.01).

The goal of the current study was to investigate the connection between psychological adjustment and parental acceptance/rejection in children and adolescents with congenital heart disease. Twenty CHD patients and twenty normal siblings from the same parents made up the study's total sample size of two hundred and forty to evaluate relationship between Parental acceptance-rejection and psychological adjustment in children and adolescents with CHD and sibling group. It illustrated the significant inter correlation among PARQ Father and PAQ of CHD patient. It was found that PARQ Father Hostility positively correlated with hostility, dependency and negative world view. That means if hostility would high in Father parenting practices then children had more level of hostility, dependency, and negative world view. PARQ Father Neglect had significant direct correlation with dependency, negative self-esteem, negative self-adequacy, and emotional instability. So, if parenting practices of father neglect was high then children had high level of dependency, negative self-esteem, negative self-adequacy, and emotional instability. PARQ Father Warmth was found to be negatively correlated with dependency and positively correlated with negative self-esteem and negative self-adequacy. This suggests that when a father is warm to his children and adolescents, these individuals are more likely to have low self-esteem and negative self-adequacy, or that when a father's warmth increases, dependency decreases. Additionally, PARQ Father Warmth was found to be negatively correlated with PAQ negative world view.

The finding of current research concluded that if father had high level of hostility in his parenting practices then it would increase hostility, dependency and negative world view in CHD patients. Whereas in sibling group, father hostility relate with emotional responsiveness, and negative world view. Study explored that children dependency is going to increase with increase of father hostility as they are more dependent on mother. This dependency restrict them in future independent in different tasks and personality with in siblings. Moreover, with the increase of hostility, negative world view increased among both groups (patient and siblings). They perceived environment as not friendly and that create negative emotions among them. Father neglect increase dependency, negative self-esteem, negative self-adequacy and emotional instability in both Patient and sibling group. Father ignorance related to dependency, negative self-esteem and adequacy as it increase with negligence of Father.

Conclusion

The goal of the current study was to examine the connection between psychological adjustment and parental acceptance/rejection in children and adolescents with congenital heart disease. It was correlational study in which the control group was taken to see the difference. The sample consist of 240 children and adolescents in which 120 was patient group (n=120) of children and adolescents with CHD and Siblings group (n=120) as control. The siblings were taken from same S.E.S, having same literacy rate from same gender. Two standard questionnaires were used to measure two variables named as Parental Acceptance-Rejection Questionnaire and Personality Assessment questionnaire. Statistical Package for Social Sciences Version 20 (SPSS-20) was used for statistical analysis.

The results were concluded that parental acceptance-rejection positively correlates with psychological adjustment of CHD patient and siblings. Parental acceptance strongly correlates with children and adolescents dependency, emotional instability and emotional responsiveness. While rejection was correlated with hostility, negative world view among CHD patients and Siblings.

Recommendations

It is recommended that future researchers can take into account longitudinal researches for determining the level of parental acceptance-rejection and psychological adjustment among children and adolescents which would be helpful in devising interventions and coping strategies for such families.

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