Abstract

Parental acceptance-rejection exerts a key influence on child psychological adjustment. The present study aimed to contribute to this topic by focusing on the development and initial validation of a new assessment tool – i.e., the Me & My Child: The Parental Acceptance-Rejection Interview. The study included 69 mothers with children aged two to 12 years. In addition to the interview, mothers completed the Me as a Parent questionnaire, which assessed parental self-regulation to test for convergent validity, as well as the short version of the Mental Health Inventory, which assessed maternal psychological problems to test for discriminant validity. Significant associations were found between higher levels of maternal acceptance and self-efficacy and self-management. Furthermore, mothers exposed to more socioeconomic risk factors in the family showed lower levels of parental acceptance. Conversely, no significant associations were observed between maternal acceptance-rejection and mental health symptoms. The intraclass correlation coefficient was found to be excellent. Overall, the findings support the Me and My Child Interview as a helpful tool for assessing parental acceptance-rejection. However, further research is required, given the exploratory nature of this study.

Keywords: Parental acceptance-rejection, Interview, Validation

Key practitioner messages

- Acceptance and rejection by parents play an important role in child adjustment.
- Parental acceptance is expressed by affection and warmth towards the child, whereas rejection is expressed by hostility or unavailability of caregivers.
- Me & My Child Interview is a new and reliable measure for assessing parental acceptance-rejection.
- Being less time-consuming than other available measures, this interview can serve as a useful tool for practitioners intervening to improve the quality of parent-child relationship.

Development and Initial Validation of the Me and My Child Interview to Assess Parental Acceptance-Rejection

The birth of a child can be a potentially ambivalent event for mothers, evoking positive experiences and reactions (e.g., tenderness, protection) while simultaneously bringing challenges inherent to motherhood, such as limitations of the mother's autonomy (Ainsworth, 1978; Saxbe et al., 2018). Ainsworth (1978, 1985) defined maternal acceptance as the mother's capacity to adequately integrate potential conflict feelings, thereby achieving a balance between her negative and positive feelings about the parental experience. In his seminal work, Rohner (1980; see also Rohner & Smith, 2019) proposed that parental acceptance and rejection would form together the warmth dimension of parenting, standing at opposite sides of a continuum. Parental acceptance is evidenced by frequent and spontaneous expressions of affection and warmth towards the child, both physically and verbally. In contrast, rejection is manifested by hostility, indifference, or unavailability of caregivers, who do not direct their attention to the needs of the child (e.g., Ildiz & Ayhan, 2020; Ramírez-Uclés et al., 2018; Rohner & Smith, 2019).

Feeling accepted by one's parents or attachment figures is fundamental to a child's adaptive development; thus, when children experience rejection from their caregivers, it can result in negative outcomes (Guzel & Osmanoglu, 2024; Khaleque & Ali, 2017). This claim has been supported by research. While parental warmth and affection have been shown to protect against poor child psychological maladjustment (Lorijn et al., 2022; Khaleque, 2013), parental rejection has been linked to a host of detrimental effects (Khaleque, 2017; Ramírez-Uclés et al., 2018; Rohner et al., 2020; Rothenberg et al., 2021). A meta-analysis revealed a strong association between mother rejection and psychological maladjustment in both adults and children (Ali et al., 2019).

1.1. The assessment of parental acceptance-rejection

Parents develop expectations about their children, about themselves as caregiver, and about their relationship with the child. Such representations are usually assessed based on semi-structured

interviews. Herein, we argue that measuring parental acceptance-rejection through interviews could provide valuable insights into the dynamics of the parent-child relationship. Also, parents' representations have been found to be linked to the quality of parental behaviour (e.g., Foley & Hughes, 2018; Hall et al., 2015). Therefore, it could serve as an important alternative or complement to existing observational measures of parental behaviours, some of which reflect acceptance (e.g., warmth, positive affect) or rejection (e.g., hostility) of the child's signals and communications (e.g., Ainsworth Maternal Care Scales, Ainsworth, 1978; Parent-Child Early Relational Assessment, Clark, 1999). Although observational measures have been thoroughly used by research (Lotzin et al., 2015), they are expensive and time-consuming.

According to scholars (e.g., Rohner & Smith, 2019), acceptance and rejection can be expressed verbally. However, there have been few interviews developed to assess parental acceptance-rejection. The Parental Acceptance-Rejection Interview Schedule (PARIS) is an important exception. However, there is a scarcity of research on the psychometric qualities of this measure, that only aims to capture children's subjective perceptions of their own acceptance-rejection experiences (Rohner, 1980). There is no version of this measure for parents, focused on their representations of the child. On this matter, another important example is the Working Model of the Child Interview (WMCI), which aimed at assessing parent's internal representations of the relationship with the child, that incorporates a subscale to assess parental acceptance (Benoit et al., 1997; Zeanah, Stevens, & Larrieu, 2014). The WMCI has been shown to have adequate psychometric properties and scores of this interview are linked to several child outcomes (Guyon-Harris et al., 2022; Sandness et al., 2021). Nevertheless, the WMCI is lengthy and most of WMCI research has focused on infants and toddlers.

1.2. The current study

The purpose of this study was to develop and investigate the psychometric properties of a new measure for assessing parental acceptance-rejection – i.e., the Me & My Child: The Parental

Acceptance-Rejection Interview –, which was aimed at parents' representation of the relationship with the child. The specific goals of this study were to explore the reliability and validity of the interview, based on a sample of mothers with children aged two to 12 years. A considerable body of research on parental acceptance and rejection has been informed by retrospective self-report questionnaires (Ali et al., 2019). By focusing on this age range, we aim to enhance the understanding of parental acceptance-rejection, as self-report measures cannot be completed by younger children and those in the early years of primary school. For convergent validity, we expect maternal acceptance to be associated with higher levels of maternal self-regulation, as research suggests that parental rejection is closely related to low parental self-efficacy, which refers to a parent's belief in his or her ability to care for, protect, and raise the child, and low parental confidence, which is described as a parent's belief in his or her ability to effectively manage and perform tasks related to parenting (Hamovitch, Acri, & Bornheimer, 2019). For discriminant validity, we expect maternal acceptance to be weakly associated with maternal mental health difficulties. Although extensive research has consistently shown that the quality of the parent-child relationship is associated with parental psychopathology (e.g., Ierardi et al., 2022; McCabe, 2014; Wu & Gazelle, 2021), some studies have not found significant correlations between maternal mental health and acceptance, as assessed at the representational level (Korja et al., 2009), and parental warmth and hostility behaviours (Low & Stocker, 2005; Morgan, Shaw, & Forbes, 2014). The associations between maternal acceptance-rejection and sociodemographic factors were also examined, as previous research suggests significant correlations between parental acceptance-rejection and child age, sex, and family factors. Studies have indicated that parental rejection tends to increase with child age, is more prevalent among boys, and is associated with maternal education and socioeconomic status (Lorijn et al., 2022; Ramírez-Uclés et al., 2018; Rothenberg et al., 2022).

Method

2.1. Participants and Procedures

The original sample consisted of 95 Portuguese mothers who consented to participate and fill in all questionnaires. However, 26 mothers did not complete the interview. Therefore, the present study included 69 mothers for whom data on maternal acceptance-rejection were available. There were no statistically significant differences between the participating mothers (n = 69) and the non-participating mothers (n = 26) in terms of child sex, child age, and maternal age (all p values > .05). However, the participating mothers were more likely to have a college degree than the non-participating mothers (X^2 = 5.80, p = .027).

Participating mothers had on average 41.35 ± 6.03 years, ranging from 24 to 55 years. Most mothers completed a university degree (n = 49, 71%), were employed (n = 61, 88.4%), and were married or living with partners (n = 43, 62.3%). Children between 2 and 12 years old (M = 8.04 ± 2.73), of which 52.2% (n = 36) were females. Twenty-four (34.8%) of the children were only children, and the mean number of children per family was 1.83 ± .74 (range = 1–4) (see Table 1).

The participants were recruited from various parenting social media groups and parent associations from preschools and elementary schools. The inclusion criteria for participants included being a mother of a child between the ages of two and 12 years. Mothers were invited to participate in two assessment moments. Firstly, mothers were required to complete a series of questionnaires online using the platform *Qualtrics*. Subsequently, one week later, the mother was required to complete a recorded telephone interview lasting between 15 and 30 minutes. The interview was conducted by researchers with a background in psychology for the purpose of assessing maternal acceptance-rejection. All study procedures were approved by the Institutional Review Board of the University [blinded review] (79/2020). Informed consent was obtained from all participating mothers.

2.2. Measures

2.2.1. Me & My Child: The Parental Acceptance-Rejection Interview. Parental acceptance-rejection was assessed using the Me & My Child: The Parental Acceptance-Rejection

Interview, developed based on attachment theory and Ainsworth's (1978, 1985) definition of maternal acceptance. This is a 6-question structured interview administered individually that asks mothers to describe the child, describe themselves as mothers, and their relationship with the child (e.g., "Please, describe your child"; "How would you describe your relationship with your child?"). Follow-up questions are included in the interview to encourage the mothers to provide more information (e.g., "Can you give us an example of a normal day in your life that is a good illustration of your relationship with him/her?"). In the initial phase of instrument development, a list of 8 questions and a coding system were created based on a review of the literature on maternal acceptance-rejection and other parenting interviews (e.g., This Is My Baby Interview; e.g., Dozier & Lindhiem, 2006) and in coding systems for the assessment of maternal acceptance (i.e., Maternal Care Scales, Ainsworth et al., 1978). After receiving feedback from experts in developmental psychology and attachment and parenting assessment measures, two questions were excluded, and the coding system was revised to ensure sensitivity to the developmental stages of children aged 2 to 12 years. A preliminary set of 10 interviews was coded by the authors, leading to the generation of a final, revised version of the coding system through discussion of all 10 interviews. Additionally, examples of maternal acceptance and rejection for different age periods of the child were incorporated into the coding scheme.

Interviews are audio-recorded, transcribed, and then coded to assess maternal acceptance-rejection. Ratings may range from 1 (low acceptance) to 5 (high acceptance). In this scale, lower scores are indicative of less accepting (or more rejecting) mothers, and higher scores are indicative of more accepting (or less rejecting) mothers. The accepting mother recognizes the child's interests and growing desire and need for autonomy, does not show resentment when the child's interests differ from her own, and potential feelings of anger and frustration in parenting are not directed at the child. Her discourse is marked by positive comments about the child and his/her characteristics, affection, support, and concern. The rejecting mother has difficulties in recognizing that the needs

and desires of her child may differ from her own, and the child can be viewed as a burden to the mother, who is physically and psychologically unavailable. The discourse of this mother is marked by the frequent use of negative comments about the child and a description of the relational climate characterized by frustration and anger directed at the child, punishment, and conflict. In this study, 30.4% (n = 21) of interviews were coded by a pair of trained coders with expertise in developmental psychology and developmental psychopathology. Disagreements were solved by consensus.

2.2.2. Me as a Parent scale (MaaPs). The MaaPs is a 16-item measure assessing parental self-regulation (Hamilton, Matthews, & Crawford, 2015). Each item is rated by mothers from 1 (strongly disagree) to 5 (strongly agree). The items are distributed across the following three subscales (Marques et al., 2015, for the Portuguese validation), which together represent global beliefs about parental self-regulation: (1) self-efficacy (4 items; α = .86) (i.e., beliefs about the ability to overcome or solve specific parenting problems; e.g., Item 11 - "I have all the skills necessary to be a good parent to my child"); (2) self-management (8 items; α = .71) (i.e., tools and skills used by parents to adapt their parenting practices; e.g., Item 6 - When changes are needed in my family I am good at setting goals to achieve those changes); (3) personal agency (4 items; α = .50) (i.e., parents' locus of control in attributing their child's behaviour and outcomes to their efforts; e.g., Item 1 - When something goes wrong between me and my child, there is little I can do to fix it). In all the subscales, higher scores represent better parenting self-regulation. The Cronbach's alpha coefficients presented above pertain to the current sample.

2.2.3. Mental Health Inventory-Short Form (MHI-5). The MHI-5 (Berwick et al., 1991) is the short version of the well-known Mental Health Inventory. The MHI-5 is a self-report questionnaire composed of 5 items (e.g., "How much of the time, during the last month, have you been a happy person?) aiming to assess mental health in adults, rated from 1 (e.g., none of the time) to 6 (e.g., all of the time). The MHI-5 has been found to be a valid and reliable measure in different

countries (e.g., Bray & Gunnell, 2006; see Pais-Ribeiro, 2001, for the Portuguese validation). In this study, Cronbach's alpha coefficient was .86.

2.2.4. Sociodemographic factors and family socioeconomic disadvantage. Mothers reported on several sociodemographic factors (e.g., age, number of children, and age and sex of the target child). A socioeconomic disadvantage index was computed ($\alpha = 60$), resulting from the sum of the following risk factors (each risk factor was scored as 0 - absent or 1 - present): (i) low maternal educational level, defined as having less than 12 years of education; (ii) maternal unemployment; (iii) father absence from the household; and (iv) family poverty (i.e., family monthly income, adjusted for family size, below national income levels). Higher scores reflect increased socioeconomic adversity.

2.3. Statistical analysis

First, descriptive statistics were computed for the study variables. Then, intercoder reliability was calculated for maternal acceptance-rejection, based on the Intraclass Correlation Coefficient (ICC). ICC can range from 0 to 1. ICC values below .50 represent poor reliability, between .50 and .75 moderate reliability, between .75 and .90 good reliability, and above .90 represent excellent reliability (Koo & Li, 2016). Bivariate correlations were performed to analyse the associations between maternal acceptance-rejection and remaining variables of interest. Correlation coefficients were interpreted as small (below .30), moderate (.30–.50) or high (above .50) (Cohen, 1988).

Results

3.1. Descriptive statistics

Maternal acceptance-rejection scores were rated from 1 to 5, with a mean of 3.67 ± .96. Regarding maternal self-regulation, the average score was 16.59 ± 2.08 for the self-efficacy subscale, 32.45 ± 3.20 for the self-management subscale, and 17.22 ± 1.76 for the personal agency subscale. The mean score of the MIH-5 was 13.36 ± 4.14. On average, families were exposed to .86 ± 1.04 sociodemographic risks, ranging from 0 to 4 risk factors (see Table 1).

3.2. Reliability

To determine inter-rater reliability, a random selection of 30.4% (n = 21) of interviews was assigned to two independent coders who were blind to all participant information. The intraclass correlation coefficient was found to be excellent (ICC = .93).

3.3. Convergent and discriminant validity

Maternal self-regulation was included in the analysis for convergent validity. As presented in Table 2, maternal acceptance-rejection was positively associated with maternal self-efficacy (r = .32, p = .006) and self-management (r = .27, p = .02), indicating that higher levels of acceptance of the child were associated with more parental self-regulation. However, despite being significant, the magnitude of the association between maternal acceptance-rejection and self-management was under .30, which is considered a small association (Cohen, 1988). No statistically significant relationships were found between maternal acceptance-rejection and personal agency.

Regarding discriminant validity, no significant association was found between parental acceptance-rejection and mental health problems.

3.4. Associations between maternal acceptance-rejection, sociodemographic factors, and family socioeconomic disadvantage

No statistically significant relationships were found between maternal acceptance-rejection and child age, child sex, maternal age, or number of children (all p > .05). Maternal acceptance-rejection was inversely associated with socioeconomic adversities (r = -.36, p = .002), meaning that lower levels of maternal acceptance were associated with the exposure to more socioeconomic risk factors in the family. This association was moderate in magnitude (Cohen, 1988).

Discussion

The purpose of this study was to contribute to the assessment of parental acceptance-rejection, a topic that deserves attention, by investigating the psychometric properties of a new instrument, Me & My Child: The Parental Acceptance-Rejection Interview, based on a sample of

mothers with children aged two to 12 years. Overall, exploratory results indicated that the Me & My Child Interview can be a reliable and acceptable measure for assessing parental acceptance-rejection. There was excellent agreement amongst interview raters, and the findings confirmed the study hypothesis for convergent and discriminant validity.

4.1. Convergent and discriminant validity

With respect to convergent validity, the associations between maternal acceptance-rejection and maternal self-regulation were tested. Parental self-regulation refers to the extent to which parents perceive themselves to be competent and efficacious, capable of independently problem-solving, self-directing, and adapting parenting objectives and skills to a wide range of challenges in parenting (Hamilton et al., 2015). Therefore, parental self-regulation is an essential ability for caregivers to develop positive, less controlling parenting practices. In the present study, positive and significant associations were found between maternal acceptance-rejection and self-efficacy and self-management. When parents feel confident in their parenting abilities, they are more likely to engage positively with their children, fostering a secure and supportive environment. Conversely, low parental self-efficacy and self-management can contribute to negative parenting behaviors (Schuengel & Oosterman, 2019). When parents are not confident in their parenting abilities and lack the resources to respond to challenges related to parenting, they may become more prone to frustration or withdrawal, and perceive the child as difficult or reject them emotionally (Di Giunta et al., 2020; Hamovitch et al., 2019; Trecca et al., 2022).

Interestingly, no significant associations were found between parental acceptance-rejection and personal agency. While these two parenting domains may overlap in some instances, this result may suggest that they are not inherently linked – e.g., it is possible that caregivers with high levels of personal agency may still employ a controlling parenting style marked by hostile and limited positive emotional expression. This result may also be explained by the psychometric fragilities of the personal agency scale of the MaaP questionnaire. Recall that the Cronbach's alpha coefficient for the

personal agency scale in this study was .50, which is considered small. Such fragility has been reported in previous studies (Hamilton et al., 2015).

Furthermore, no significant relationships between parental acceptance-rejection and parental mental health problems were found. This result could indicate discriminant validity. Given the significant body of literature indicating a link between parental psychopathology and the quality of the parent-child relationship (McCabe, 2014), we expected maternal acceptance-rejection to be associated with mental health problems, but less strongly than parental self-regulation. Our finding is not unique; earlier research has likewise failed to find significant associations between parental mental health and parental hostility (Low & Stocker, 2005) and warmth (Morgan, Shaw, & Forbes, 2014). It is also possible that mothers may demonstrate acceptance while having psychopathological symptoms, or that a mother without psychopathology may exhibit less acceptance due to her own negative life experiences (Sauvé et al., 2022) or the quality of early relationships (Huth-Bocks et al., 2004), both of which have been found to be predictors of parents' representations. Furthermore, because the measure used in this study to assess mother's mental health is just five items long, it may be limited in its ability to capture diverse psychological symptoms linked differentially to parental acceptance-rejection (Sandre et al., 2022). The fact that this study was conducted on a non-clinical sample could also explain the non-significant findings. More investigation into this topic is certainly required.

Another goal of the present study was to explore the associations between parental acceptance-rejection and sociodemographic factors. Our results suggest that mothers' acceptance-rejection of the child, assessed at the representation level, is not influenced by the mother's age, number of children, child's age, and sex. However, lower levels of parental acceptance were associated with the presence of more socioeconomic risk factors in the family. This result is consistent with the family stress model (Conger et al., 2010). According to this model, the existence of economic hardship can result in greater economic pressure on the family, creating a potentially

stressful environment for the caregivers and resulting in less responsive parenting (Emmen et al., 2013; Hardaway & Cornelius, 2014). Increased stress from socioeconomic adversity may alter how parents view and represent their children, potentially leading to negative representations marked by rejection.

4.2. Limitations and future directions

This study adds to the existing body of knowledge by exploring the psychometric properties of a new instrument for assessing parental acceptance-rejection. The current study, however, has shortcomings that should be addressed. The sample size was modest, which may have limited the statistical power of the study. Furthermore, the sample was relatively homogeneous, consisting primarily of mothers with a college degree and employed in professional roles. This may have compromised the generalizability of the findings, as it is not clear to what extent these results can be applied to other populations. Additionally, the sample only included mothers. Future research should be conducted to evaluate if the interview is suitable for both mothers and fathers. Extensive research indicates that fathers engage in different types of play with their children than mothers. This includes more physical and spontaneous play. Despite these differences, studies suggest that fathers make independent contributions to child development. Additionally, paternal rejection is linked to child psychopathology (Miranda et al., 2016; Rothenberg et al., 2022). Furthermore, the present report only included mothers of children between the ages of two and 12 years. By initially focusing on this age range, we were able to ensure a more controlled scope for this validation. However, it would be beneficial to examine the adequacy and validity of the interview with parents of infants, particularly within the first months of the infant's life, which is a critical period of adaptation to the maternal and paternal roles and crucial for attachment formation (e.g., Gholampon et al., 2020). It would also be beneficial to test the psychometric properties of this interview with parents of adolescents, as adolescence represents another critical period characterized by significant developmental changes and challenges in the parent-child relationship (Rothenberg et al., 2022). Testing the interview across

these different developmental stages would enhance our understanding of parental acceptance-rejection and ensure the applicability of the Me & My Child Interview for different age periods. In a similar vein, future studies should analyse the validity of the interview with parents of children with neurodevelopmental disorders, as these parents may face unique challenges and experiences that could influence the quality of the relationship with their child (Baptista et al., 2018). Finally, the associations between acceptance-rejection measured with the interview and parental behaviours in interaction with the child were not investigated, which would have allowed us to test for concurrent validity. Collecting both sources of information would be useful for future research.

Conclusion

The study presented here is an important addition to the existing knowledge on the assessment of maternal acceptance-rejection. A greater understanding of this phenomenon could aid in the development of interventions to improve the quality of parent-child relationships and child socio-emotional and behavioural development. The encouraging results of this study emphasize the need for additional investigation into the appropriateness of this interview.

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Table 1

Descriptive Statistics.

Child Characteristics	
% (*n*) Female	52.2% (36)
M±SD (range) Age in years	8.04 ± 2.73 (2–12)
% 2-6 years	35.2% (24)
% 7-12 years	64.8% (44)
Maternal and Family Characteristics	
M±SD (range) Age	41.35 ± 6.03 (24–55)
% 24-35 years	17.6% (12)
% 36-45 years	58.8% (40)
% +45 years	23.6% (16)
M±SD (range) Number of children	1.83 ± .74 (1–4)
% Less than 12 years of education	29% (20)
% Maternal unemployment	11.6% (8)
% Monthly income below the poverty line	13% (9)
% Father absence from the household	37.7% (26)
M±SD (range) Socioeconomic adversity	.87 ± 1.04 (0–4)
M±SD (range) Maternal mental health (MIH-5)	13.36 ± 4.14 (5–25)
M±SD (range) Maternal self-efficacy (MaaPs)	16.59 ± 2.08 (12–20)
M±SD (range) Maternal self-management (MaaPs)	32.45 ± 3.20 (25–40)
M±SD (range) Maternal personal agency (MaaPs)	17.22 ± 1.76 (13–20)
M±SD (range) Maternal acceptance-rejection	3.67 ± .96 (1–5)

Table 2

Associations between Study Variables

	1.	**2.**	**3.**	**4.**	**5.**	**6.**	**7.**	**8.**	**9.**
1. Child age	---								
2. Child sex [a]	.20	---							
3. Maternal age	.52***	.13	---						
4. Number of children	.09	-.04	.35**	---					
5. Socioeconomic adversity	-.09	.06	-.29*	-.20	---				
6. Maternal mental health	-.09	.13	-.11	-.23	.19	---			
7. Maternal self-efficacy	-.04	-.14	.02	-.06	.12	-.36**	---		
8. Maternal self-management	-.05	-.13	-.04	-.15	.09	-.28*	.76***	---	
9. Maternal personal agency	.08	-.003	.28*	.07	-.12	-.31**	.35**	.31**	---
10. Maternal acceptance-rejection	.17	-.06	.08	.14	-.36**	-.13	.35**	.30*	.17

Pearson correlations; [a] Point-Biserial correlations. * p <.05, ** p<.01, *** p < .001