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In Which Situations Do Adolescents Seek Parental Support and What Do They Need?

Yanine B. de Jonge¹ · Maaïke H. Nauta¹ · Guy Bosmans^{1,2}

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Abstract

Throughout development, the conditions that elicit children's support seeking behaviour change hand in hand with maturation and changing developmental tasks. Little is known about the situations in which adolescents need support or about which parental behaviours elicit adolescents' sense of being supported. In the current study, adolescents living in the Netherlands ($N = 98$, $M_{age} = 15.5$, $SD = 1.16$, range = 14–18 years) filled in online questionnaires in which they were asked to recall autobiographical support-related memories (ASMs) separately for both parents. Support from both parents was most frequently needed in case of concerns about competence. Loss or illness of close others or pets elicited primarily a need for maternal support whereas family conflicts and practical problems most frequently elicited a need for paternal support. Additionally, parent behaviour reported in times of distress was most frequently related to comforting and facilitating support seeking. These behaviours were rated as satisfying and sufficiently supportive for the reported distress. These results confirm the importance of parental support in adolescence. Clinical implications of these findings and directions for future research are discussed.

Keywords Attachment theory · Support situation · Parental support · Autobiographical support memory · Adolescents

Highlights

- Although autonomy is the core developmental task in adolescents, they continue to need parental support during distress.
- They need support when they fear that they are not academically or socially competent.
- Mothers are the primarily desired support figure when loved ones and pets get ill or die.
- Fathers are the primarily desired support figure when adolescents experience family conflict.
- Adolescents mainly desire parental comfort during these stressors, a finding that is informative for family therapy.

During adolescence, the risk to experience distress increases because of new challenges related to increased participation in domains such as school and peer groups and because of the increased capacity to worry elaborately and abstractly (Gonzales et al., 2014). An effective coping strategy to regulate distress is seeking social support from parents (Zimmer-Gembeck & Skinner, 2011). Also in adolescence, parents remain primary caregivers and are therefore still an

important source of support. However, little is known about the conditions that elicit support seeking behavior at this age (Bokhorst et al., 2010). Therefore, the aim of the current study was to examine in which situations adolescents report the need of parental support and to identify which response the adolescents experience as supportive.

Support seeking is best studied in the context of attachment theory (Bowlby, 1969, 1982). A central assertion of Bowlby's theory includes that patterns of early interactions with their parents will lead to the perception of the parent as a secure base from which the child feels confident to explore and to which it will return for support in case of distress. According to Bowlby (1982), children seek parental support in case of threatened physical well-being, anxiety due to exposure to threat, and separations from attachment figures. If the attachment system is activated by

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emotional distress, infants will engage in behaviours that promote physical proximity to and protection by their primary caregivers (Bowlby, 1982). Empirical studies supported this claim in infants (Ainsworth, 1989) and, to some extent, this claim was also supported up to early adolescence (Vandevivere et al., 2015). However, the latter study also showed that with increasing age, the conditions that elicit the need for support gradually change with academic and social concerns emerging as sources of distress that elicit the need for attachment support. Also, as children grow older, the need of proximity develops into a need of 'felt security' for which physical presence is not required (Allen & Tan, 2016). The focus on survival changes into the direction of emotional support and the sense of proximity can be achieved using a wider range of strategies (Mayseless, 2005, McElhaney et al., 2009).

These insights contribute to the knowledge about the development of attachment in children up to early adolescence, however, it is important to better understand these developments in later adolescence as well. Parent attachment support will be increasingly complemented by autonomy support, referring to age-appropriate exploration (Becker-Stoll et al., 2008), especially during middle childhood and adolescence (Kerns et al., 2015). Nevertheless, accumulating research shows that during this process, parents remain the primary source of support during emotional distress (Nickerson & Nagle, 2005, Steinberg, 1990). Feeling supported by the parents while encountering distress facilitates resilience in the adolescent and is related to higher well-being (Rowe et al., 2016). Existing research relevant in light of the aim of the current study has focused on adolescents' sources of worrying. Both a diary study (Arbel et al., 2016) and a cross-sectional study found that adolescents worry increasingly about academic performance and physical appearance and social issues involving family and peers (Brown et al., 2006). However, from these two studies it remains unclear whether worrying also elicits the desire to seek attachment support and what kind of response would be perceived as supportive.

Only one study in adolescents older than age fourteen examined which situations elicit support seeking behaviour (Olsson et al., 2016). In the latter study, a questionnaire was developed that listed 22 potential support situations. Results showed that parental support was primarily needed in case of distress related to three categories, namely stress at home and school, negative mood, and sex- and alcohol-related issues. These categories seemed in line with the challenges that adolescents are known to face at school and with peers (Gonzales et al., 2014) and with the topics research showed that adolescents worry about (Laugesen et al., 2003). However, this questionnaire approach risked to have biased the results as participants were forced to rate a fixed number of sources of distress that were enlisted by the researchers.

In addition, research is missing describing which parental behaviours are experienced as more or less supportive and which would be the most desired parental responses to distress in adolescence.

The Current Study

The aim of the current study was twofold: (1) To examine in which situations adolescents need parental support; (2) to examine what type of parental responses were perceived as supportive. For this purpose, adolescents were asked to recall two autobiographical support-related memories (ASMs). One ASM included a personally experienced distressing situation in which the adolescent needed support from the mother. The other ASM was focused on the father. The adolescents were asked to rate their level of distress during this particular situation so that it could be examined whether their ASM indeed included a distressing condition that could elicit a need for support.

In addition to the two primary research questions, for each question, the effects of parent and adolescent gender were tested. With regard to parent effects, existing studies focused solely on maternal support or on an aggregate of maternal and paternal support into rather than assessing differences in adolescents' need for maternal and paternal support (Zontini, 2007). Parents usually have different tasks within the family which often goes together with one of the parents being more or less physically present throughout the day or week (Miranda et al., 2016, Steinberg & Silk, 2002). For instance, a differential effect of maternal and paternal parenting was found on internal and external problems in middle childhood (Ruiz-Ortiz et al., 2017). Also Bosmans et al. (2006) proposed that attachment towards the mother is associated with adolescent functioning within the family whereas attachment towards the father is associated with social functioning in groups and outside of the family. Because this might also imply that adolescents have different support needs for their mother and their father, we asked adolescents for situations requiring maternal and paternal support separately. With regard to adolescent gender effects, boys and girls might feel more or less comfortable to talk about certain issues with the same or opposite sex parent (Ruhl et al., 2015). Therefore, the present study assessed gender and parent differences but no specific hypotheses regarding these two factors were formulated.

Method

Participants

Participants included 98 adolescents with a mean age of 15.5 years old ($SD = 1.16$ range = 14–18 years, 54% girls).

The participants (92%) and the attachment figures about which they reported in this study (mother = 91%, father = 88%) were primarily of Dutch nationality. Those adolescents who could not report memories about their biological mother or father, were given the opportunity to report memories about a primary caregiver of the same gender that felt closest to a mother or father. This resulted in memories about grandparents, stepparents, adoption parents, other family members, and professional caregivers. The participants were recruited at high schools for both regular and special education in the north of the Netherlands and were sampled from different educational levels (lower vocational education – practical = 14%, lower vocational education – theoretical = 33%, higher general secondary education = 22%, pre-university education = 32%, not specified = 3%). Adolescents were included in the study if they fulfilled the age criterion and if they were able to independently fill out the questionnaires. A majority of the adolescents lived with both parents (63%), 19% lived with their mother, 5% with their father, and 3% lived with foster parents or in residential care. Most participants (84%) were Dutch and had Dutch parents. 10% had one parent from another origin (1 Brazilian, 1 Antillian, 1 German, 1 African, 1 Ethiopian, and 3 Iraqi parents). 6% had both parents from another origin. Four participants were adopted from China, One had parents from Curacao, One had both parents from Armenia, and one participant had both parents from Afghanistan. The marital status was unknown for 24% of the parents of the participants, while 10% had divorced parents but contact with both parents and 3% was only in contact with their mother. Of the respondents, 62% had never received mental healthcare, 20% had received mental health care at some point in their lives, and 16% currently received mental health care.

Procedure

Students of two high schools offering regular and special education in both urban and rural areas participated in the study. Special education schools were selected to secure the diversity of our sample, since the schools explicitly admit students with severe behavioural and mental health difficulties. The researcher visited the schools to inform the students about participation in the study. All students provided informed consent to participate in the study. In keeping with the Dutch legislation (<https://www.rug.nl/research/heymans-institute/organisation/ethical-committee/ec-codes-of-conduct>; <https://www.ccmo.nl/proefpersonen/toestemming-geven>), if students were under age sixteen, parents or primary caregivers were sent an informed consent via email. They gave online permission via a website link provided in this email. The parents of students above age sixteen were all sent a passive informed consent via

email to ensure that parents were informed. Participants who provided informed consent were tested during regular school hours at their high school by a researcher and a research assistant. The participants were presented with the task on a computer or tablet screen. Completing this task took maximally 25 min and was done individually. Afterwards, a non-monetary reward for participation, in the form of a small-sized candy bar, was provided to each participant. The research plan was proposed to the Ethics Committee of the Behavioural and Social Sciences at the University of Groningen (EC-BSS) prior to conducting the study. The EC-BSS granted permission to conduct the study and there were no changes in the research plan requested.

Measures

All questions were devised by ourselves and to improve construct validity, all tasks were performed by several adolescents, matching the different ages and levels of educations, who were approached by the first author and collaborated voluntarily.

Parental support situations

Participants were asked to describe an autobiographical support memory (ASM) about a situation of the past year in which they needed parental support. We used the instruction developed by Vandevivere et al., 2015: ‘Describe a situation in which you needed support of your mother/father’. It was accepted to describe a memory including a primary caregiver other than their biological parents, such as a grandparent or close-relative. We first read and thematically analyzed all the described support situations, bringing together situations that appeared to be similar. Subsequently, we evaluated the extent to which those situations could be captured under common themes that could be used as categories in a coding system. Then we evaluated the extent to which the categories developed by Vandevivere and colleagues (2015) for early adolescents were applicable to the themes we identified in this sample. This took place in 2017 during a research visit of the author (YBDJ) to the research group led by author GB, in which Vandevivere worked as well. During subsequent discussions, categories were adjusted or added to capture all of the collected support situations until we were able to derive a new coding system. This coding system described the different categories we identified and offered a clear definition per category. Using the final coding system, the ASMs were coded by two independent raters (YBDJ and PEH). Interrater reliability was consistently high, indicated by a Krippendorff’s alpha of 0.83 for the maternal and 0.78 for the paternal support situations (Hayes & Krippendorff, 2007) as

a Krippendorff's alpha of 0.67 is generally perceived as the lowest acceptable value (Krippendorff, 2004). In case of disagreement, these cases were discussed until consensus was reached.

Supportive parent behaviours

After describing an ASM, participants were asked to describe how their parents responded to the situation in which they needed their support. We developed new prompts to elicit desired parental support behaviors: "What would you have liked that your mother (father) would have done to help you at that moment? What could your mother (father) have done or said to feel more supported at that moment?". We first read and thematically analyzed all the described supportive parent behaviors, bringing together behaviors that appeared to be similar. Subsequently, we evaluated the extent to which those behaviors could be captured under common themes that could be used as categories in a coding system. During the same research visit as mentioned above, we repeatedly sat together to further finetune the categories until we were able to derive a new coding system. This coding system described the different categories we identified and offered a clear definition per category. Using the final coding system, the ASMs were coded by two independent raters (YBDJ and PEH). Again Krippendorff's alpha was calculated which showed sufficient interrater reliability, indicated by an alpha of 0.70 for maternal support behaviour and 0.74 for paternal support behaviour (Hayes & Krippendorff, 2007). In case of disagreement, these cases were discussed until consensus was reached. Furthermore, participants were asked to rate perceived quality of the support on a visual analogue scale (VAS) ranging from 0 (very low) to 100 (very high). Moreover, they were asked to describe their preferred supportive response and to provide suggestions on how their parents could have improved their supportive behaviour.

Task compliance

Although we could only study the research question at hand using verbal self-report, this method has its own limitations, amongst which the risk that we collected data from participants that refused to be completely transparent about their thoughts and ideas (Crutcher, 1994). In order to gain insight in the extent to which the collected data was veridical, participants were asked to rate their compliance to the tasks. Task compliance included participants rating how honest their answers were and how difficult they found the tasks. Honesty and task difficulty had to be rated on VASs ranging from 0 (not honest/difficult at all) to 100 (extremely honest/difficult).

Statistical Analyses

Research question 1

In a thematic analysis, all support situations of the obtained ASMs were examined to identify the most frequently mentioned situations. These situations were categorized into categories of support situations. It was calculated how frequently each category was reported, the mean distress scores per category, and whether there were gender differences in parents or adolescents in these frequencies. Gender differences were assessed using chi-square tests but if the assumption of minimally 80% of the cells having minimally five expected observations was violated, Fisher's exact tests were performed. To minimize the probability of type-I errors, in all posthoc comparisons throughout this study, the Bonferroni correction for multiple comparisons was used.

Research question 2

Thematic analysis was again performed to identify categories of corresponding supportive parent behaviours in the ASMs based on the most frequently described behaviours. It was again calculated how frequently each category was reported, as well as the mean scores of perceived quality per support category, and gender differences in parents or adolescents in these frequencies. Gender differences were assessed with either chi-square tests or, in case of violated assumptions, Fisher's exact tests.

Task compliance

Finally, task compliance, measured by difficulty and honesty ratings was examined separately and differences across support and supportive behaviour categories were tested using ANOVA.

Results

Situations that Elicit A Need for Parental Support

ASMs for both parents were reported by half of the participants, 32% only reported a situation about mother, and 7% only about father. This shows that a substantial number of participants was unable to report an ASM about at least one of their parents despite having contact with this parent (Table 1). Thematic analysis of the recalled ASMs revealed that the described situations could be subsumed in ten different categories (Table 1). Regarding the recentness in time of the reported situations, 28% took place in the past month, 44% took place one to six months ago and 27% took place six to twelve months ago.

Table 1 Categories of parental support situations

Frequency ranking of support categories*	Mother (n = 95)			Father (n = 89)		
	%**	Distress	Range	%***	Distress	Range
1. No recall	17	–	–	37	–	–
2. Concerns about academic/work/sport/interpersonal competence	30	69.22 (34.06)	0–100	20	68.00 (31.40)	0–100
3. Loss or illness of close others or pets	20	60.32 (31.78)	0–100	6	25.80 (28.95)	0–70
4. Social conflict	14	73.46 (19.62)	28–100	3	49.33 (45.28)	0–89
5. Physical or psychological illness	11	51.78 (41.28)	1–100	6	79.00 (15.97)	62–100
6. Family conflict	3	83.67 (17.04)	66–100	12	76.63 (25.18)	25–100
7. Practical problems	2	63.00 (24.04)	46–80	12	41.00 (34.79)	0–100
8. Long term separation from close others	2	79.50 (2.12)	78–81	3	86.00 (6.56)	80–93
9. Romantic relationships	2	26.00 (5.66)	22–30	–	–	–

*Ranking of the overall frequency of the number of times a situation was mentioned for mother and father together, ranging from 1 (least frequent) to 9 (most frequent)

**Percentage of participants who reported this situation for mother

***Percentage of participants who reported this situation for father

Parental gender differences

For both parents, the most frequently mentioned reason to seek support was related to *Concerns about competence*, such as school or work performance. Using a chi-square test, it was tested whether there were significant differences in how often situations were mentioned for mothers and for fathers. A significant difference was found in the frequency of the reported maternal and paternal support situations ($\chi^2(9, N = 194) = 37.94, p = 0.00$). Post-hoc comparisons based on the adjusted unstandardized residuals showed a significant parent gender effect for the categories *Practical problems*, *Family conflicts* and *No recall*. These categories were more often reported for fathers. *Social conflicts* and *Loss or illness of close others or pets* were significantly more reported for mothers. It was not asked explicitly why participants could not report an ASM, however, several participants spontaneously mentioned their reasons. For maternal support situations, 25% did not specify a reason, 56% explained that they had not encountered stressful situations that year and 19% preferred other people such as friends or teachers or had no confidence in the ability or willingness of their mother to support them. For paternal support situations, 29% did not specify a reason, 44% had not encountered distress and 24% preferred other people or had no confidence in the ability or willingness of their father to support them.

Adolescent gender differences

A significant gender effect was found for maternal support situations ($p = 0.03$, *Fisher's exact test*) and for paternal support situations ($p = 0.00$, *Fisher's exact test*). This means that there were differences in the frequencies with

which boys and girls reported ASMs belonging to the different support categories. Using post-hoc comparisons, there was no significant adolescent gender difference found in the reported sources of distress that elicited a need for parental support but boys reported *No recall* more often than girls (Table 1).

Supportive Parent Behaviours

The second aim was to examine which parent behaviours are perceived as supportive by adolescents. Using thematic analysis, the reported parent behaviours were categorised into six categories (Table 2). Next, participants could describe their preferred parental response and suggestions on how the actual response could have been improved. These responses were also thematically analysed. Participants who did not report an ASM were excluded from the analysis of supportive behaviours, resulting in a reduced sample size.

Parental gender differences

The most frequently reported type of supportive behaviour was *Providing comfort*, for both mothers and father. Adolescents perceived comfort as a supportive response, as indicated by high mean scores on perceived quality of support, 85 and 87 for mother and father respectively (potential range 0–100). The second most provided type of support was *Facilitating problem-solving* which was also perceived as a supportive response, as indicated by mean scores of 97 and 72 on perceived quality for mother and father respectively. Comfort was more often reported by girls than boys while the opposite was true for the lack of a supportive response. Surprisingly, even though rated the

Table 2 Categories of supportive parent behaviours

Mother (n = 78)		Father (n = 57)					
Supportive parent behaviours	Category (%)	Perceived quality of support (0–100)	Range	Supportive parent behaviours	Category (%)	Perceived quality of support (0–100)	Range
1. Providing comfort	46.2	84.69 (17.61)	42–100	1. Providing comfort	35.1	87.37 (15.74)	46–100
2. Facilitating problem-solving	19.2	86.60 (13.92)	63–100	2. Facilitating problem-solving	29.8	82.12 (18.76)	42–100
3. No support	17.9	54.79 (31.20)	0–100	3. No support	12.3	61.86 (28.32)	0–83
4. Providing comfort followed by facilitating problem-solving	7.7	97.00 (5.02)	88–100	4. Rejection	10.5	26.17 (27.24)	0–75
5. Taking over problem-solving	5.1	76.00 (10.23)	61–83	5. Taking over problem-solving	7	83.25 (21.50)	55–100
6. Rejection	3.8	71.00 (30.05)	40–100	6. Providing comfort followed by facilitating problem-solving	5.3	72.33 (17.01)	53–85

Missing:1

least positive, being rejected by the mother was still rated as satisfying (*Rejection*: mean score = 71, range 0–100) as was the lack of a supportive response by the father (*No support*: mean score = 62, range 0–100). Examination of the corresponding descriptions of these ratings revealed that this result was primarily due to a low number of participants who scored in this category of which several participants also gave a contradictory rating of quality. Perceived quality of maternal and paternal support, regardless the support category, were positively correlated ($r = 0.60$, $n = 50$, $p = 0.00$), suggesting that adolescents who felt supported by one of their parents were likely to feel supported by the opposite parent as well. Using a Fisher's exact test, there were no significant differences found in the frequency with which supportive behaviour categories were reported for mother and for father ($p = 0.28$, *Fisher's exact test*).

In addition to perceived quality, the participants were asked whether and how their parent's response could be improved, given their reported distressing situation. The majority, of the adolescents who answered this question, found both the maternal (73%) and paternal response (79%) sufficiently supportive and they had no suggestions on how to improve the support. According to almost 30% of the adolescents, a more supportive response would include increased emotion expression by the parent, acknowledgement of the emotions of the adolescent and the reason of distress, and communicating about the distress, thereby increasing one's knowledge about the reason of distress. The importance of being given sufficient space in contrast to proactive behaviour of the parents was mentioned in almost five percent of the cases, equally often for both parents.

Adolescent gender differences

Significant adolescent gender differences were found in the reported types of supportive behaviour ($p = 0.00$, *Fisher's exact test*). Post-hoc comparisons showed that *Providing comfort* was more often reported by girls whereas *Facilitating problem-solving* and *Taking over problem-solving* were more frequently reported by boys. Subsequently, the presence of parent-related gender differences in reported supportive behaviour categories was tested with use of Fisher's exact test. The results of these tests indicated a significant difference in both reported maternal supportive behaviour ($p < 0.001$, *Fisher's exact test*) and reported paternal supportive behaviour ($p < 0.001$, *Fisher's exact test*).

Task Compliance

As indication of the veridicality of the reported answers, participants were asked to rate the honesty of their answers

and the difficulty of the task. Only honesty but not difficulty, was positively correlated to perceived quality of maternal support ($r = 0.47$, $n = 50$, $p = 0.00$) and paternal support ($r = 0.35$, $n = 50$, $p = 0.02$), indicating that higher honesty scores were associated to higher perceived quality of support.

Discussion

This study was the first to examine in which distressing situations adolescents report a need for parental support without the presentation of a fixed list of distress sources. The present results showed that adolescents reported needing parental support most frequently in case of concerns about competence. Need for maternal support was more frequently reported in case of loss or illness of close others or pets and need for paternal support was more frequently reported in case of family conflicts and practical problems. In distressing situations, adolescents most frequently reported that their parents provided comfort and facilitated problem-solving.

Results showed, in line with findings by Olsson and colleagues (2016), that adolescents needed support from both parents in distressing situations due to concerns about competence (academic, work, sport and interpersonally related) and in family-related conflict situations. Olsson and colleagues (2016) also reported that adolescents frequently needed their parents in case of problems related to alcohol and sex. However, descriptions of such issues were only mentioned two times in our sample despite its broader age range. There are various explanations possible why this was the case. For instance, participants might not have felt confident to mention alcohol or drugs related issues to adults, since these are illegal substances for this age group. Furthermore, multiple adolescents spontaneously reported that they preferred sharing personal problems with their peers rather than parents. This might especially apply to a sensitive topic such as sexuality. Finally, studies also showed that the average Dutch adolescent engages in sexual activity at an older age than Swedish adolescents (Currie et al., 2012). Consequently, this topic might have been less relevant in a Dutch sample compared to the Swedish sample in the study by Olsson and Colleagues (2016). In future research, the presentation of a list of topics including the more sensitive ones might have a normalizing effect, resulting in the adolescent feeling more confident to report topics related to alcohol or sex.

In line with our expectations, adolescents in our sample most frequently reported social and self-esteem related distress as a reason to seek parental support (Mayseless, 2005, McElhaney et al., 2009). This reflects a clear shift in developmental challenges compared to prior research in

early adolescents using the same methodology. In the pre-adolescent study (Vandevivere et al., 2015), youngsters reported primarily physical discomfort or separation from attachment figures as being the prime source of distress (Vandevivere et al., 2015). More developmental changes are reflected in the fact that older adolescents reported less frequently that separation elicited need for parental support compared to early adolescents (Vandevivere et al., 2015). It seems that separation is not sufficient anymore to elicit support seeking and that the loss or illness of close others is the successor of this condition. In these situations, adolescents addressed their mother more often than their father. Fathers were more often approached in case of family conflicts and practical problems. This difference in support categories might seem in line with the idea that adolescents turn more easily to their mothers if emotionally distressed (Doyle et al., 2009) and to their fathers for practical support (Burke & Weir, 1978) but it has to be noted that the task included recall of only a single memory.

A substantial number of adolescents in our sample had difficulties recalling any support-related memory. This was most striking for the absence about memories of situations when adolescents needed paternal support. This finding might reflect an actual lack of support due to which it was impossible for these adolescents to recall such events, but there are plausible alternative explanations. For instance, fathers might be less physically present than mothers (Keown & Palmer, 2014), which would imply that children spend more time with their mothers throughout the week (Kobak et al., 2007). This might have increased access to memories involving support by the mother. Which parent to approach for support is likely to be at least partly a practical question of availability.

Another possible explanation for the reported non-recall might be related to specific memory strategies, such as deactivation regulation strategies. Deactivation or suppression of attachment memories has been found in several studies examining the link between attachment styles and the ability to recall memories of attachment-relevant stimuli. These studies showed an association between insecure attachment, in particular avoidant attachment (when individuals decide to avoid seeking support during distress), and a deactivating strategy of memory recall resulting in reduced recall of attachment-relevant stimuli in both adults (Fraley and Brumbaugh (2007), Fraley et al., 2000, Haggerty et al., 2010) and adolescents (Dykas et al., 2014). As the participants in the current study were asked about a memory involving attachment figures, this might have elicited a deactivation strategy, especially in those reporting insecure-avoidant attachment style. Therefore, adding assessment of attachment style in future studies, might provide additional information on the factors contributing to non-recall.

The second research question involved the type of parent behaviour that adolescents would consider supportive in times of distress. Adolescents most frequently reported having received comfort from their parents. Comfort included physical proximity, acknowledgement of feelings, and verbal reassurance, supporting the notion that comfort can be provided in more ways than only physical proximity (Sroufe, 2005). Comfort was evaluated as a supportive response, suggesting that being comforted contributes to a sense of felt security (Sroufe, 2005, Verhees et al., 2022). It is possible that adolescents have learned to solve most minor issues themselves (Dujardin et al., 2015) but the current data shows that adolescents still desire parental comfort. Especially in situations that are too difficult for adolescents' problem solving capacity, comfort might be a satisfying form of support (Inguglia et al., 2015). This is a relevant finding because parents might feel insecure about how to respond to their adolescents bid for support. These results show that providing comfort is often sufficient and that there are multiple ways in which comfort might be provided. In addition to comforting, problem-solving was mentioned as a way parents respond to their distress, but even such parental responses seemed more likely to be experienced as supportive when parents first provided support. This corresponds with observations in Attachment-based family Therapy, where adolescents report experiencing ruptures in trust in their parents' support when they solely respond in a problem solving way, without acknowledging their pain and distress (Diamond et al., 2016).

Approaching one's parents when facing distress, being provided with comfort or with help to solve the problem, and finally feeling supported illustrates the presence of a complete secure base script (Waters & Waters, 2006). The finding that some adolescents reported to never ask their parents for support in case of distress because they lacked confidence in the ability or willingness of their parents to support them, might reflect the lack of or an incomplete secure base script (Waters & Waters, 2006). If adolescents have a secure base script, they can still experience their parents as supportive, even if parents point adolescents at their own responsibility to solve problems or or even when parents use behavioural control to change their children's behavior.

Regarding the differences between boys and girls, findings suggest that boys find it more difficult to recall a situation that required support than girls. An explanation for this difference might be that girls more frequently turn to their parents for support when they are distressed. It has been suggested that girls are more likely to rely on tend-and-befriend related coping strategies and boys more on fight/flight or problem solving related coping strategies (Taylor et al., 2000). As a result, support situations might be

more salient to girls which might have facilitated recall (Frey & Röthlisberger, 1996). Another possibility is that boys find it more difficult than girls to identify and describe personal emotions retrospectively (Levant et al., 2009). Studies have demonstrated differences in the autobiographical memory recall of boys and girls (Andreano & Cahill, 2009). Girls between thirteen and sixteen years old have been found to report more detailed, coherent and elaborate memories than boys of the same age (Fivush et al., 2012). Within the support categories, there were no differences between situations reported by boys or girls. This suggests that boys who did need support, needed the support in similar situations as girls.

Our results represent a step forward in the knowledge about parental support situations in adolescence. A primary novelty is the use of open questions to examine both maternal and paternal support and to address behaviour, cognitions and emotions of the adolescents and their parents to stimulate further elaboration. Furthermore, all common support situations could be covered within 9 categories. Compared to Olsson and colleagues (2016) who ended up with 22 categories, our coding scheme consisting of 9 support categories can be perceived as more concise.

A limitation of the current study might be the formulation of the task to recall an ASM, indicated by a substantial number of participants who reported non-recall. It was not specified whether the support experience should be positive or negative because it was aimed to assess spontaneous recall. However, a small number of participants indicated that they could not report a situation because they never experienced a negative situation. This might suggest that, for this small group, instructions might have been misunderstood. In future research, presenting neutral examples as prompts to stimulate memory recall might be helpful and reduce non-recall. Moreover, it could have facilitated disclosure if the questionnaires had been filled out in a more neutral setting rather than the school environment with teachers and the researcher present.

In addition, one might wonder whether our findings are representative and allow to be generalized to the broader population of adolescents (Shadish et al., 2002). It could be that our strategy to prompt sources of stress that elicit care or to prompt desired parental support reactions may have missed some categories. However, it remains compelling that the responses of 98 different adolescents can be summarized in eight types of sources of distress (the no-recall category not comprised) and in six parental response categories. This suggests that remaining categories might at least occur at a very low frequency in adolescent lives. Also, it could be that our sample is not fully representative. Although we managed to sample adolescents such that different educational levels were represented, other factors might have been less adequately represented such as socio-

economic status or culture. Future research could focus specifically on adolescents with a low socio-economic status or with diverse cultural backgrounds to see whether the sources of distress they report can be captured in the categories identified in the current study or whether more categories need to be added.

Contrary to the popular belief and old developmental theories stating that adolescents are in decreased need of parental support, parental support is still important despite the increased developmental focus on autonomy. The current study shows that adolescents are confronted with novel sources of distress linked to the developmental challenges typical for this age period. Probably, adolescents are not yet able to independently overcome these sources of distress. As distress activates the attachment system and the desire for parental protection, proximity, and support (Bosmans et al., 2020), it puts adolescents in the position where they really desire parental support. Being able to seek parents' proximity and support during distress provides powerful protection against the psychopathogenic effects of adolescents' distress (Dujardin et al., 2016). Hence, strengthening parent-child attachment relationships can be a powerful tool to treat adolescents struggling with psychopathology. Support of this implication can be found in work on Attachment-based Family Therapy during which adolescent suicidality and depression gets effectively treated by merely repairing attachment ruptures (Diamond et al., 2016).

The current study also shows what kind of parental responses adolescents need to feel supported. The parental responses adolescents seem to mostly desire during distress related primarily to emotional support, while practical support and problem solving were either less frequently mentioned or even less positively evaluated. Hence, stimulating or restoring secure attachment development in adolescents requires increasing the probability that parents are experienced as emotionally supportive to the adolescent (Bosmans et al., 2022). One can imagine that it is especially challenging when adolescents are distressed because of the fear that they are incompetent and when parents are inclined to protect them from that distress and take over or try to solve their child's problems. Such responses prove the adolescents' greatest fear: being incompetent and unable to thrive once in adulthood. If such a mismatch occurs between adolescents' needs and fears and parents' responses, it is likely that attachment ruptures occur (Bosmans et al., 2022). However, if parents are able to inhibit their problem solving responses and provide more emotional response, the attachment relationship can be restored (Bosmans et al., 2022). Moreover, the current study suggests that after such an emotionally supportive response, adolescents do highly appreciate parents' more practical support as well.

Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

Informed Consent All participants gave their informed consent.

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