

Exploring the Associations Between Parenting Styles and Internalizing Problems in Chinese Adolescents

Ziqin Li^{1,a,*}

¹*Department of Psychology and Language Sciences, University College London, London, UK*

a. ziqin.li.21@ucl.ac.uk

**corresponding author*

Abstract: Previous studies denoted that parenting styles and practices were significant influencing factors for the course of development from early childhood to adulthood and especially during adolescence. However, as internalizing problems are mounting in Chinese adolescents in current years, few studies focused on the relationship between parenting styles and adolescents' internalizing problems in China. Thus, this study sought to explore the associations between parenting styles and internalizing problems among Chinese adolescents. A total number of 78 adolescents from middle school and high school participated in the experiment. Parenting styles were measured using the short form of the Egna Minnen Beträffande Uppfostran, and internalizing problems were measured using The Revised Child Anxiety and Depression Scale. Results suggested that emotional warmth, overprotection and rejection were associated with internalizing problems. Rejection and overprotection were correlated with an increased level of internalizing problems while emotional warmth was correlated with a decreased level of internalizing problems. The results also demonstrated that mothers tend to provide significantly more emotional warmth and overprotection than fathers. However, gender and age differences were not found in internalizing problems among the participating adolescents.

Keywords: internalizing problems, parenting, adolescence

1. Introduction

Adolescence (10-19 years) is a challenging developmental period and a transition from childhood to adulthood, characterised by physical and psychological transformations in adolescents. During this period, adolescents experience a second peak in physical development, as well as changes in their cognitive functions and personality, as they mature in their logical, reasoning and creative thinking abilities and begin to search for self-awareness and achieve autonomy. During this period, they need to adapt to control various emotional, physical and social transformations, while relationships with peers and adults begin to change [1]. This complex and unique period, and the impact of multiple factors, exposes them to a wide range of psychological problems, including a variety of addictions, internalizing problems, externalizing problems, adolescent schizophrenia, suicidal ideation, and antisocial behaviour and delinquency [2].

Internalizing problems which increase significantly during this period, include depression, anxiety, social withdrawal and somatic or physical problems [3]. Of these problems, the most common among adolescents are anxiety and depression [2]. Internalizing problems are prevalent among adolescents

worldwide and have been associated with numerous negative outcomes, including impaired academic performance, social difficulties, and increased risk for suicide. Several studies have examined the prevalence of internalizing problems during adolescence. A study by Merikangas et al. found that approximately one-third of adolescents between the ages of 13 and 18 experience some type of internalizing problems [4]. Another study by Costello et al. found that 14% of adolescents experience major depression, with the onset typically occurring during adolescence [5]. Petersen et al. also suggest that depression increases extremely rapidly in adolescents between the ages of 13 and 15, peaks at 17 and 18 and then declines to adult levels [6]. In terms of gender differences, more girls exhibit clinical depression and anxiety in early adolescence [4].

Studies have also reported high rates of internalizing problems among Chinese adolescents. In a study on psychological health issues in Chinese adolescents during the COVID-19 outbreak, Zhou et al. found that among Chinese high school students, the prevalence of depressive symptoms, anxiety symptoms, and a combination of depressive and anxiety symptoms was 43.7%, 37.4%, and 31.3%, respectively [7]. The prevalence of depressive symptoms among Chinese primary school students aged 6 to 15 years was 17.2%, with western China reporting the highest prevalence, according to a 2020 meta-analysis of 27 studies [8]. However, the prevalence of internalizing problems may be underestimated due to cultural factors, such as stigma against mental illness and reluctance to seek help.

As more and more adolescents are experiencing different types of internalizing disorders, researchers have also shifted more attention to risk factors of internalizing problems. Numerous risk factors for internalizing problems in adolescents have been identified across cultures. These include individual factors such as gender (with girls at higher risk), age, academic stress, low self-esteem, and poor coping skills. Family factors such as parental overprotection, conflict, and divorce have also been linked to internalizing problems. Furthermore, sociocultural factors, such as rapid societal changes, migration, and urbanization, may also contribute to the development of internalizing problems. Among them, the association between various parenting styles and practices and internalizing problems has been identified by a growing body of recent research.

1.1. Internalizing Problems and Parenting During Adolescence

Parenting is a crucial factor that can influence the development of internalizing problems in adolescents. A number of studies have explored the relationship between parenting styles, parent-child relationships, and the development of internalizing problems during adolescence.

Parenting styles can be broadly categorized as authoritative, authoritarian, permissive, or neglectful. An authoritative parenting style, characterized by high levels of warmth and support along with clear expectations and limits, is associated with lower levels of internalizing problems in adolescents [9]. In contrast, an authoritarian parenting style, which is characterized by high levels of control and strict rules without much warmth or responsiveness, is associated with higher levels of internalizing problems in adolescents [10].

The quality of the parent-child relationship is also an important factor that can influence the development of internalizing problems in adolescents. A warm and supportive parent-child relationship is associated with lower levels of internalizing problems in adolescents [11]. In contrast, a distant or conflicted parent-child relationship is associated with higher levels of internalizing problems [12]. For example, overprotective parenting is associated with higher levels of anxiety in adolescents [11]. In contrast, parental warmth, support, and involvement in their child's life have been found to be protective factors against the development of internalizing problems in adolescents [9]. Anxiety disorder is a prominent example. In reporting their childhood, parenting styles characterised by rejection and excessive control were found to be associated with anxiety disorders [13]. Most recently conducted studies on children have found a connection between anxiety and worry

in normally developing children and parental rejection, anxious parenting, and parental control [14]. Furthermore, numerous meta-analyses have discovered a link between parental warmth and young people's internalizing symptoms such as anxiety and depression [15].

Nevertheless, it is important to note that the relationship between parenting and internalizing problems is complex and can be influenced by a number of other factors, including the child's temperament, life events, and the broader social and cultural context in which the child is living. However, overall, research suggests that warm, supportive, and responsive parenting is associated with lower levels of internalizing problems in adolescents, while parenting characterized by control, overprotection, or lack of warmth is associated with higher levels of internalizing problems.

1.2. Studies of Internalizing Problems and Parenting in China

A few studies have looked at the connection between internalizing issues and parenting in China. One study conducted by Muhtadie and colleagues investigated the association between parenting styles and internalizing problems among Chinese children. The study found that adolescents who perceived their parents as authoritative were less likely to experience internalizing problems, and further addressed the importance of the benefit of authoritative parenting which may be especially important for children with high anger or frustration [16]. Another study by Liu and Wang explored the relationship between parental harsh discipline and adolescent problem behaviour in China. The study found that parental harsh discipline was associated with high levels of adolescent externalizing and internalizing behaviours [17].

Studies on internalizing problems and parenting in Chinese adolescence are far from abundant despite the fact that some studies suggest that the quality of the parent-child relationship and parenting practices are important factors that can influence the development of internalizing problems in adolescents. Research is needed to fill in the gap especially when it is worth noting that cultural differences may play a part in the relationship between parenting and internalizing problems in Chinese adolescents. For example, in collectivistic cultures like China, family relationships are highly valued and parental control may be viewed as a form of caring and protection [18]. This may affect how parenting practices are perceived and how they influence the development of internalizing problems. It is also important to recognize that cultural context and individual differences play a role in the relationship between parenting and internalizing problems. Therefore, interventions should be tailored to the specific needs and contexts of the individuals and families receiving the services.

1.3. Current Study

This study aims to provide more information on the associations between internalizing problems and parenting in Chinese adolescence. The experiment is tailored to discover mainly whether the associations between family parenting styles and adolescent internalizing problems remain for Chinese participants.

Questionnaires of a short-form of the Egena Minnen Beträffande Uppfostran for Chinese (S-EMBU-C) and the Revised Child Anxiety and Depression Scale (RCADS) were used to measure internalizing problems. Egena Minnen Beträffande Uppfostran (EMBU) offers four replicable dimensions: Rejection, Emotional Warmth, Overprotection and Favouring Subject. S-EMBU-C distils three dimensions in the Chinese cultural context: Rejection, Emotional Warmth, and Overprotection due to the poor replicability of the Favoring Subject factor in some of these studies suggest it is a culture-specific, rather than a universal factor [19].

In light of the above, the purpose of this study is to investigate the situation of internalization problems among Chinese adolescents and to further explore the link between family parenting styles and internalization problems by posing the following two research questions:

1. Are there associations between family parenting styles (rejection, emotional warmth, overprotection) and adolescent internalizing problems?
2. Are there gender and age differences in family parenting styles and adolescents' internalizing problems?

2. Method

The experiment was conducted online through wenjuanxing (<https://www.wjx.cn>) and took approximately 10 minutes. Participants participate in the experiment online via a mobile phone or a laptop. 78 participants were recruited from a Chinese secondary school and high school, which provided active informed consent for their participation. Participants ranged in age from 12 to 19 with a mean average of 14.45. 45 participants identified as female, and 33 participants were male.

2.1. Materials

The experiment contained five parts: (i) consent and instructions; (ii) S-EMBU-C to measure parenting styles; (iii) The Revised Child Anxiety and Depression Scale to measure internalizing problems; (iv) demographic questions; (v) debrief.

2.1.1. Consent and Instructions

All participants gave informed consent before the experiment proceeded. The experiment would end without consent from the participants and they could withdraw from the experiment at any time.

2.1.2. A Short-Form of the Egna Minnen Beträffande Uppfostran for Chinese (S-EMBU-C)

S-EMBU-C, which has been validated for use with Chinese children and adolescents, was used to measure parenting style [19]. The respondents were instructed to rate 42 items (21 questions each for fathers and mothers) on a four-point scale (1= never, 4 = always) to indicate adolescents' view of the parenting style of their mothers and fathers on three sub-scales: rejection (six items: e.g., "My parents get angry with me without letting me know the reason."), emotional warmth (seven items; e.g., "My parents praise me."), and over-protection (eight items; e.g., "I wish my parents would worry less about what I am doing."). Mean scores for the 42 items were calculated separately for mothers and fathers, with higher scores indicating a higher presentation of parenting style.

2.1.3. The Revised Child Anxiety and Depression Scale (RCADS)

The Revised Child Anxiety and Depression Scale (RCADS) was used to measure adolescents' internalizing problems. RCADS is a 47-item self-report inventory with subscales including separation anxiety disorder (SAD), social phobia (SP), generalized anxiety disorder (GAD), panic disorder (PD), obsessive-compulsive disorder (OCD), and major depressive disorder (MDD) [20]. The participants were instructed to rate 47 items on a four-point scale (0= never, 3 = always). Higher scores indicated more frequent symptoms of these problems (i.e., depression and anxiety) and a total score was used to measure internalizing problems.

2.1.4. Demographic Questions

Demographic data was collected from the participants including their age, grade, gender, satisfaction level with their family relationships, and the educational background of their parents.

2.1.5. Debrief

Participants were then debriefed about the aim of the research and asked for comments and suggestions.

2.2. Data Analysis

Descriptive statistics were calculated for internalizing problems and parenting styles. Correlational analysis was used to test the correlations between parenting style and internalizing problems. Independent-sample t-tests were conducted to compare the mean levels of these variables between fathers and mothers and boys and girls.

3. Results

3.1. Parenting Styles

Parenting styles are categorized into three subscales: rejection, overprotection, and emotional warmth. Table 1 demonstrated the means and standard deviations of these parenting styles. The mean score for rejection of the father was 1.564 (SD=0.56) and that of the mother was 1.559 (SD=0.60). The mean score for overprotection of the father was 1.971 (SD=0.5) and that of the mother was 2.123 (SD=0.53). The mean score for the emotional warmth of the father was 2.622 (SD=0.71) and that of the mother was 2.87 (SD=0.688). It seems that emotional warmth was the most dominant parenting style for this group of samples, followed by overprotection and rejection.

Table 1: Means and standard deviations of three parenting styles.

	Father		Mother	
	M	SD	M	SD
Rejection	1.5641	.56166	1.5598	.60896
Overprotection	1.9712	.50522	2.1234	.52514
Emotional warmth	2.6227	.71260	2.8700	.68809

Note: M and SD are used to represent means and standard deviations, respectively. N=78.

In terms of gender differences in parenting styles, the t-test discovered that fathers and mothers were significantly different in terms of emotional warmth ($p<.001$) and overprotection ($p<.001$) while no difference was found for rejection ($p=.465$). More specifically, mothers tend to display more emotional warmth and overprotection than fathers. See table 2 for full results.

Table 2: T-test results comparing fathers and mothers on three parenting styles.

	MD	SD	t-value	p
Rejection: Father-Mother	.00427	.42468	.089	.465
Overprotection: Father-Mother	-.15224	.36632	-3.670	<.001
Emotional warmth: Father-Mother	-.24725	.41421	-5.272	<.001

Note: MD and SD are used to represent mean differences and standard deviations, respectively. N=78.

3.2. Internalizing Problems

The analysis of RCADS revealed the percentages of students who were at and above the borderline of the clinical threshold. A majority of participants fall into 7th grade and 12th grade, so they were analysed. In terms of social phobia, for 7th graders, there were 9.6% of male participants and 16% of female participants went above the threshold. As for 12th graders, there were 20% of male participants

and 5.6% of female participants went above the threshold. In terms of panic disorder, for 7th graders, there were 9.6% of male participants and 20% of female participants went above the threshold. As for 12th graders, there were 40% of male participants and 5.6% of female participants went above the threshold. In terms of major depressive disorder, for 7th graders, there were 9.6% of male participants and 12% of female participants went above the threshold. As for 12th graders, there were 40% of male participants and 5.6% of female participants went above the threshold. In terms of separation anxiety, for 7th graders, there were 33.4% of male participants and 12% of female participants went above the threshold. As for 12th graders, there were 50% of male participants and 22.3% of female participants went above the threshold. In terms of generalized anxiety, for 7th graders, there were 4.8% of male participants and 8% of female participants went above the threshold. As for 12th graders, there were 40% of male participants and 5.6% of female participants went above the threshold. In terms of obsessive-compulsive, for 7th graders, there were 4.8% of male participants and 4% of female participants went above the threshold. As for 12th graders, there were 50% of male participants and 0% of female participants went above the threshold. The results suggest that separation anxiety seems to be a major problem among adolescence regardless of grade and obsessive-compulsive disorder is less common among participants.

Independent samples t-test found no gender difference or age difference, which suggests that participants didn't demonstrate significant gender/age differences for internalizing problems.

Pearson's analysis of RCADS revealed the correlations between internalizing disorders. The results displayed in Table 3 exhibited that the six disorders examined were all positively correlated, which suggests that having a high score on anxiety, depression, or other disorders is likely to be associated with a high score on other internalizing problems. To put it in another way, students could potentially be affected by various disorders at the same time especially when they already are at risk of certain disorders.

Table 3: Correlations between internalizing disorders.

Measure	1	2	3	4	5	6	M	SD
1. Social phobia							11.5	5
2. Panic disorder	.418**						5.68	5.07
3. Major depression	.608**	.729**					8.65	5.30
4. Separation anxiety	.377**	.395**	.424**				4.35	2.99
5. Generalized anxiety	.614**	.617**	.667**	.396**			7.13	3.56
6. Obsessive-compulsive disorder	.588**	.613**	.684**	.487**	.725**		4.78	3.22
7. Internalizing problems	.770**	.812**	.888**	.601**	.834**	.841**	42.14	20.13

Note. Correlations, means and standard deviations are presented. M and SD are used to represent mean and standard deviations, respectively. N=78. **p<.001.

3.3. Correlation Between Parenting Styles and Internalizing Problems

Pearson's analysis between parenting styles and internalizing problems revealed the relationship between different parenting styles among parents and internalizing problems. The parenting style of rejection of father and mother was positively correlated with social phobia, panic disorder, major depression, and the total score of internalizing problems, which suggests that parents' rejection actions could potentially increase the risk of some internalizing disorders for adolescents. The parenting style of emotional warmth of father and mother was negatively correlated with social phobia, panic disorder, major depression, and the total score of internalizing problems, which

suggests that parents' actions of warmth could potentially help prevent or decrease the risk of some internalizing disorders for adolescents. In terms of over-protection, this parenting style was positively correlated with social phobia, panic disorder, major depression, and the total score of internalizing problems, and mothers' over-protection was also positively correlated with obsessive-compulsive disorder, which seems to suggest that overprotection could increase the adolescents' vulnerability of some disorders. See table 4 for full results.

Table 4: Correlations between parenting styles and internalizing problems.

Measure	1	2	3	4	5	6
1. Rejection-Father						
2. Rejection-Mother	.740**					
3. Emotional warmth-Father	-.520**	-.481**				
4. Emotional warmth-Mother	-.515**	-.667**	.826**			
5. Overprotection-Father	.594**	.430**	-.192	-.302**		
6. Overprotection-Mother	.484**	.631**	-.214	-.434**	.748**	
7. Social phobia	.305**	.273*	-.339**	-.339**	.284*	.294**
8. Panic disorder	.282**	.354**	-.281*	-.299**	.255*	.252*
9. Major depression	.335**	.434**	-.468**	-.526**	.314**	.409**
10. Separation anxiety	.003	.025	.035	-.019	.073	.042
11. Generalized anxiety	.006	.150	-.133	-.131	.138	.170
12. Obsessive-compulsive disorder	.144	.171	-.094	-.149	.220	.284*
13. Internalizing problems	.269*	.327**	-.310**	-.348**	.287*	.324**

Note: Table 4 shows correlations between parenting styles and internalizing problems. **p<.01, *p<.05.

4. Discussion

The results discovered that a considerable amount of Chinese adolescents were well above the clinical threshold which indicates that younger generations in China these days are highly likely to be vulnerable to mental health problems, especially depression. The results demonstrated associations between parenting styles and internalizing problems and also found gender differences in parenting styles but no age or gender differences in internalizing problems.

4.1. Relationships Between Parenting Styles and Internalizing Problems

The study found supporting evidence for the associations between parenting styles (rejection, over-protection, and emotional warmth) and internalizing problems in adolescence.

Parental rejection was positively associated with some internalizing problems such as depression. This finding aligns with the results of other studies stating that a style of more hostile, negative, and more disengaged parenting was significantly associated with depression [21]. One possible reason why parental rejection is associated with internalizing problems is that children who experience rejection from their parents often struggle to develop secure attachments with their caregivers. Secure

attachment is essential for healthy emotional development and provides a sense of safety and security that helps children cope with stress and uncertainty. When a child experiences parental rejection, they may feel insecure and anxious, which can lead to the development of internalizing problems. Another possible reason is that parental rejection can lead to feelings of shame and low self-esteem. Studies have found that low self-esteem is associated with a variety of internalizing problems, including depression and anxiety [22, 23].

Emotional warmth of parents was negatively associated with some internalizing problems, suggesting that parental warmth may influence adolescents as a protective factor to prevent these children from developing internalizing problems. This finding is consistent with various meta-analyses which have found a negative link between parental emotional warmth and internalizing symptoms such as anxiety and depression in young people [15, 24]. One possible pathway through which emotional warmth of parents is negatively associated with some internalizing problems in children is that maternal warmth can boost children's positive self-worth and their ability to cope with stress, which in turn may protect against the development of internalizing problems [25]. Another explanation is that this relationship is partially explained by children's secure attachment to their mother. Kerns and colleagues found emotional warmth from parents may promote secure attachment, which in turn may protect against the development of anxiety symptoms [26]. The relationship between parental emotional warmth and internalizing problems can also be partially explained by children's emotional regulation skills. Emotional warmth from parents may promote children's emotional regulation, which in turn may protect against the development of internalizing problems [27]. However, it is important to note that there may be other pathways through which emotional warmth of parents is associated with internalizing problems that have not yet been fully explored, especially for the links between paternal warmth and internalizing problems as a majority of studies focused on the role of mothers.

Overprotection was also positively associated with some internalizing problems, which is in line with some other studies that discovered that parental overprotection would positively predict offspring internalizing and externalizing problems [28]. One possible reason is that parental overprotection can lead to a sense of helplessness and lack of control in the child, which may contribute to the development of anxiety [29]. Another possible reason is that parental overprotection can influence children's avoidant coping style. Children who are overprotected by their parents may develop maladaptive coping strategies, which can exacerbate anxiety symptoms [30].

In summary, parental rejection can be positively associated with internalizing problems in children by fostering negative self-beliefs, promoting feelings of unsupportiveness, and exacerbating emotional and behavioural problems. Emotional warmth of parents was negatively associated with internalizing problems in children possibly by promoting positive self-worth, secure attachment, and emotional regulation skills. Parental overprotection can be positively associated with internalizing problems in children by limiting the child's sense of control, fostering negative beliefs about themselves, and promoting maladaptive coping strategies.

However, these associations were only evident for certain internalizing problems such as social phobia, panic disorder, and major depressive disorder. There was no supporting evidence for anxiety disorders including separation anxiety and generalized anxiety. There have been studies suggesting that parental warmth and other types of parental rearing styles were associated with internalizing problems, especially depression [15], which is in line with the results of this study. However, the reason these three types of parental styles seemed to impact only depression and some other disorders remain unclear at the moment. Overall, the findings suggest that it is important for parents to provide a nurturing and supportive environment for their children to promote healthy emotional development without overly restricting their autonomy and independence.

4.2. Gender and Age Differences in Parenting Styles and Internalizing Problems

The study found gender differences in parenting styles that mothers were more likely to present overprotection and emotional warmth than fathers. This finding aligns with another study which discovered that mothers are perceived as more accepting, responsive, and supportive, as well as more behaviourally controlling, demanding, and autonomy-granting as compared to fathers [31]. There is no surprise that mothers showed these tendencies as previous results have discovered that mothers could believe that their children are more vulnerable or susceptible, and require more protection which is associated with overprotective parenting behaviours [32]. This gender difference in emotional warmth and overprotection could essentially be influenced by the biological differences between male and female. Yet the study didn't find gender differences in parental rejection which could be due to the overall parental consciousness of their passive actions since the participants' overall satisfaction level with their families was quite desirable or could be a result of the limited sample size.

However, the results did not demonstrate supporting evidence for gender and age differences in internalizing problems, which contradicts some studies saying that internalizing problems are more common among girls and during mid-adolescence. The influence of demographical factors has long been a heated discussion among researchers. Despite many studies suggesting that there is gender, age, and some other differences in internalizing problems among adolescence, the pathways or why these certain groups of people are more vulnerable to internalizing problems or even some other mental disorders remain unclear. Deeper and more comprehensive experiments and research are needed to sort out the different pathways and impacts of various factors, which are essentially beneficial to future preventative and protective intervention programs.

4.3. Insights for Future Research

The results have shown that there are moderate associations between parenting styles and internalizing problems in Chinese adolescents. However, as these associations are very complicated in nature, future research is needed to address some of the research gaps to deepen our understanding.

Future studies should examine the bidirectional relationship between parenting and internalizing problems in Chinese adolescents. Many studies in China have focused on how parenting practices and styles impact the development of internalizing problems, but there is a need for more studies that examine how internalizing problems may in turn influence parenting practices and styles.

There is also a need for more longitudinal studies that follow adolescents over time to examine the developmental trajectory of internalizing problems and their relationship with parenting practices. Longitudinal studies can help to identify the timing and mechanisms through which parenting practices may influence the development of internalizing problems, as well as the potential long-term effects of parenting practices on mental health outcomes in children and adolescents.

Another research gap is the need for more studies that examine the cultural and contextual factors that may impact the relationship between internalizing problems and parenting. While some studies have examined cultural factors such as filial piety and collectivism, there is a need for more research that examines how regional and socioeconomic differences may impact the relationship between internalizing problems and parenting practices and how these impacts differ across cultures.

Finally, there is a need for more studies that examine the effectiveness of interventions aimed at improving parenting practices to prevent or reduce the risk of internalizing problems in not only Chinese adolescents but across the globe. While some interventions have been developed and tested, more rigorous studies are needed to examine the effectiveness of these interventions in diverse populations and settings under specific cultural contexts.

5. Conclusion

This study demonstrates that parenting styles are associated with internalizing problems in adolescence, especially for panic disorder, major depressive disorder, and social phobia with a moderate effect. Three parenting styles that are tested (rejection, overprotection, emotional warmth) varied in their relationships with internalizing problems. Rejection and overprotection are considered risk factors as they are positively correlated with internalizing problems. Emotional warmth is associated with decreased internalizing problems. Furthermore, mothers show more overprotection and emotional warmth than fathers. No gender and age differences are found in internalizing problems among these participating adolescents. This study provides some insights into the risk and protective factors of internalizing problems in adolescence under the Chinese context. The research findings also suggest that there are much to explore in terms of parenting and mental health problems across cultures including their mechanisms, the effects of other moderating and mediating factors, and most importantly the efficacy of interventional programs.

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