

Influence of Parenting Styles on Children's Mental Health

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Executive Summary:

Research shows that authoritative parenting (warmth with clear limits) generally promotes the healthiest child outcomes, while authoritarian, permissive/indulgent, and neglectful styles are linked to higher risks of mental health problems[1][2]. These associations hold across cultures[3], although cultural norms (e.g. beliefs about parental authority) and socioeconomic factors can modify the strength of effects[4][3]. Parenting influences children's mental health through multiple pathways: by shaping attachment security, teaching emotion regulation skills, modeling coping behaviors, and even altering children's stress physiology[5][6]. Recent longitudinal and meta-analytic studies (e.g. Piquart's 2016 meta-analysis) find small-to-moderate effect sizes for parenting styles on child anxiety, depression, externalizing behavior, and self-esteem (e.g. pooled $r \approx 0.22-0.24$ for hostile/psychological control on youth symptoms)[7][2]. Methodologically, most evidence is cross-sectional or correlational, limiting causal claims; confounders (genetics, child temperament, parental psychopathology) are frequently uncontrolled. Practical implications emphasize clinician assessment of parenting, parent-training interventions, and policies that support positive parenting. Key research gaps include more longitudinal and genetically informed studies, exploration of cultural and developmental moderators, and the neurobiological mechanisms linking parenting to youth mental health.

Parenting-Style Frameworks

Baumrind's classic typology defines four styles by combinations of **warmth** (responsiveness) and **control** (demandingness):

- **Authoritative:** High warmth, high reasonable control. Parents set clear expectations and support autonomy. Linked to positive outcomes (social competence, self-esteem)[8].
- **Authoritarian:** Low warmth, high control. Strict rules and punitive discipline. Associated with higher internalizing (anxiety, depression) and externalizing problems[2].
- **Permissive (Indulgent):** High warmth, low control. Very responsive but few limits. Often related to higher impulsivity, conduct problems, and in some studies higher depression/anxiety[2].
- **Neglectful/Uninvolved:** Low warmth, low control. Parents are detached or absent. Consistently linked to the worst outcomes (highest rates of depression, delinquency, low self-esteem)[2].

Maccoby and Martin's dimensional model (1983) underlies Baumrind by placing parenting on the two axes of demandingness (control) and responsiveness (warmth), yielding the same four quadrants. Modern conceptualizations also consider **psychological control** vs. **behavioral control**, and multiple subdimensions (e.g. physical coercion, verbal hostility, autonomy support)[9]. Cultural variants are described (e.g. East Asian **guan** parenting or Latin American **familismo** norms) but evidence suggests Baumrind's categories function

similarly in collectivist as in individualist societies[3]. Norms can moderate effects (e.g. in some contexts strictness may be perceived as legitimacy of parental authority[4]). New frameworks (e.g. Meisel et al.’s Parenting Styles Circumplex Inventory, 2024) attempt to integrate typologies and continuous dimensions to improve measurement.

Measurement Instruments

| Instrument | Dimensions/Subscales | Items | Sample Items (parent-report) | Psychometrics |
|---|---|-------------------------------|---|--|
| Parental Authority Questionnaire (PAQ)[8] | Authoritative, Authoritarian, Permissive (10 items each) | 30 (per parent) | “I encourage my child to talk about his/her troubles.” (Auth.) “I spank my child when he/she is disobedient.” (Autho.) | Cronbach $\alpha \approx .70-.85$ per scale; widely validated in adolescents. |
| Parenting Styles and Dimensions Questionnaire (PSDQ)[9] (Robinson et al., 2001) | Authoritative (warmth, autonomy support, structure), Authoritarian (coercion, hostility, punishment), Permissive (indulgence) | 62 (full) or 32 (short form) | “I praise my child when he/she is good.” (Auth.) “I sometimes beat my child when he/she misbehaves.” (Autho.) | Short form used cross-culturally; $\alpha \approx .78-.89$ for subscales[9]. Factor structure replicates across samples. |
| Parental Bonding Instrument (PBI) (Parker, 1979) | Care vs. Overprotection (affection, control) | 25 (13 Care, 12 Overprotect.) | “Spoke to me with a warm and friendly voice.” (Care) “Tried to control everything I did.” (Overprot.) | Cronbach $\alpha \sim .74-.86$; two orthogonal factors (care and control). Used in many studies of adolescent depression. |
| EMBU (Egna Minnen Beträffande Uppfostran) (Arrindell et al., 1999) | Perceived parental rearing: Emotional Warmth, Rejection, Overprotection, Favoring Subject | 23–81 (short vs. long) | “My parent praised me when I did something well.” (Warmth) “My parent punished me if I failed.” (Rejection) | Multilingual validation (s-EMBU short form); $\alpha \sim .70-.85$ for dimensions. |
| Alabama Parenting Questionnaire (APQ) (Shelton et al., 1996) | Parental Involvement, Positive Parenting, Monitoring, Discipline Laxness, Corporal Punishment | 42 | “You praise your child when he/she obeys.” (Positive) “You slap when your child misbehaves.” (Corporal Punish.) | Validated in clinical/community samples; alphas vary by subscale (.50-.85). Used |

| Instrument | Dimensions/Subscales | Items | Sample Items (parent-report) | Psychometrics |
|---|--|-------|--|---|
| | | | | often in conduct problems research. |
| Parenting Scale (Arnold et al., 1993) | Discipline style: Laxness, Overreactivity, Hostility | 30 | “I am easily frustrated by my child.” (Overreact.) “I let my child misbehave to avoid confrontation.” (Lax) | Factor analysis yields 2–3 factors; $\alpha \sim .70-.85$. Focuses on discipline practices but often cited in style literature. |

Each instrument has strengths and limits: e.g. PAQ and PSDQ assume clear typologies, while EMBU/PBI measure parenting traits (warmth, control) dimensionally. Most rely on parent or youth report and can be subject to bias. Newer measures (e.g. PSCI) try to capture uninvolved parenting and avoid post hoc categorization.

Mechanisms Linking Parenting to Child Mental Health

Parenting styles affect child mental health through multiple **interlocking processes**. Attachment theory posits that parenting behavior (warmth, responsiveness) shapes children’s expectations of relationships (secure vs. insecure attachment), which influence anxiety and emotion regulation[5]. Likewise, parents coach or model emotion regulation: authoritative parents tend to encourage problem-solving and talk about feelings, whereas negative/critical parents model dysregulated affect[6]. Social learning theory emphasizes modeling: children imitate parents’ behaviors (e.g. punitive parents may model aggression or anxiety). Chronic stress physiology is another path: consistently harsh or neglectful parenting can act as a stressor, dysregulating the HPA axis (cortisol), which is linked to depression and anxiety.

flowchart

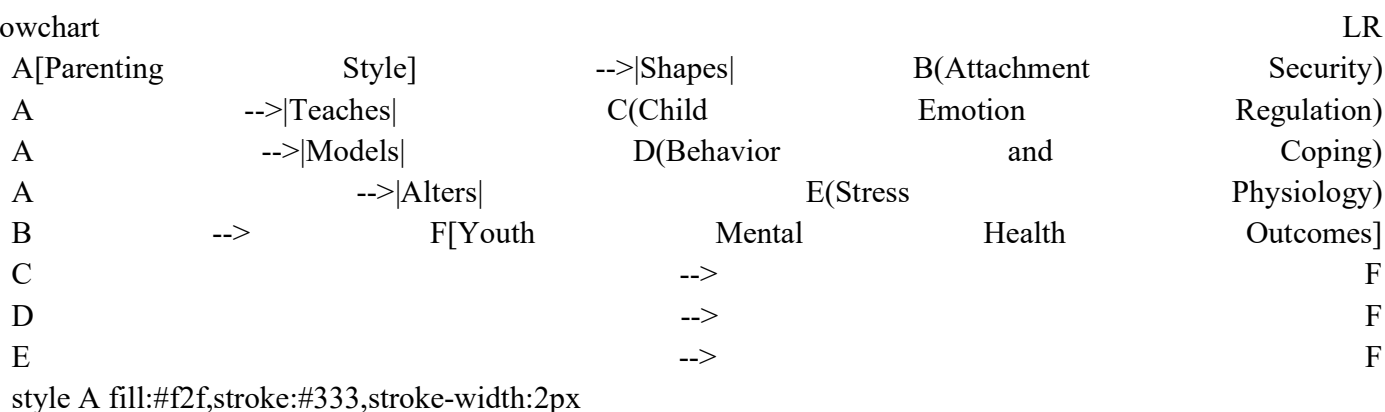


Figure: Parenting styles influence child mental health via attachment models, emotion regulation, behavioral modeling, and stress biology.

Empirical evidence supports these pathways. For example, meta-analysis shows **child emotion regulation mediates** between negative parenting (e.g. psychological control, unsupportive emotion socialization) and

youth internalizing symptoms[6]. Positive parenting fosters children's self-esteem and coping skills, providing resilience against stress[10][11]. In contrast, authoritative parenting is generally associated with greater emotion regulation and self-esteem[12], while punitive/neglectful parenting undermines these resources, leading to greater anxiety, depression and behavior problems.

Associations with Mental Health Outcomes

Internalizing (Anxiety, Depression)

Across childhood and adolescence, **authoritative parenting** (high warmth + structure) tends to predict lower levels of anxiety and depressive symptoms, whereas harsh or cold styles predict higher levels[2][6]. Pinquart's meta-analysis (2016) of 1000+ studies found that warmth and behavioral autonomy-granting had small protective associations with internalizing, while psychological control, authoritarian style, and neglect increased risk[2]. Longitudinal studies suggest these links are stable: an intervention study cited by Pinquart showed supportive parenting predicted decreases in child anxiety over time. Many cross-sectional surveys (e.g. Nepal[13], Indonesia) find similar patterns. Effects can vary by age: for example, in early childhood, high control may temporarily curb externalizing but risks anxiety; by adolescence, high control strongly predicts depression/anxiety due to conflicts over autonomy. Crucially, associations are correlational: genetically-informed designs (e.g. twin studies) indicate some parent-child correlations for depression arise from shared genetics, not just parenting.

Externalizing Behaviors

Authoritarian and permissive styles are robust risk factors for child **externalizing** (aggression, rule-breaking). Meta-analyses (e.g. Pinquart 2017) show parental harshness and lack of supervision each correlate moderately ($r \approx .20-.30$) with conduct problems. Positive parenting dimensions correlate negatively with conduct issues[2]. For instance, Arnold et al.'s Parenting Scale (related to authoritarian/rejecting parenting) predicts conduct problems in numerous studies. Authoritative parenting tends to be protective – children learn self-discipline and empathy through supportive structure. However, unlike internalizing, some permissive aspects (e.g. lack of limits) more directly translate to behavior issues. Effect sizes are modest: Ryan et al. (2026) report $r \approx 0.22$ for intrusive parenting with youth externalizing[7]. Developmentally, controlling parenting in early childhood is a strong predictor of later conduct problems, whereas by adolescence peer influences also play a large role.

Self-Esteem and Self-Concept

Authoritative parenting consistently predicts higher child self-esteem, whereas both authoritarian and neglectful parenting predict lower self-esteem[11][12]. In studies of adolescents, warmth and responsiveness (typical of authoritative parents) are linked to a positive self-view[11]. In contrast, punitive or indifferent parenting undermines a child's sense of worth: for example, parental physical abuse (an extreme of authoritarian style) specifically predicts low self-esteem[14]. Longitudinally, children with caring parents show more stable self-confidence into adulthood. One mechanism is through competence: authoritative parents encourage achievements, bolstering self-esteem, while authoritarians punish failure, damaging it. Most evidence is cross-sectional or short-term, but it aligns with self-determination theory, which links autonomy-support (authoritative) to positive self-regard.

Suicidality and Self-Harm

There is emerging evidence linking negative parenting to adolescent suicidal thoughts and attempts. For example, a survey in Nepal found that 11.3% of adolescents reported suicidal behaviors, and **authoritarian parenting** was a strong predictor[13]. Similarly, other studies (e.g. clinical and community samples) link low parental involvement and high parental hostility to youth suicide risk. Conversely, supportive parenting (warmth and engagement) appears protective. Causality is unclear: parental rejection may contribute to hopelessness, but genetic and environmental confounds are possible. A few studies suggest parental warmth mediates the effect of depression on suicidality. Given high stakes, this area needs more research; current findings tentatively support that fostering authoritative-like parenting may reduce suicidal risk factors in teens.

Developmental Stages

Early childhood (0–5 years): Research is sparser but suggests that toddler/early-childhood development is sensitive to parenting. Authoritative (responsive, structured) caregiving predicts secure attachment and emotional regulation capacity from preschool on, reducing later anxiety[5]. Harsh parenting by preschoolers tends to produce aggressive behavior and fearfulness. Instruments often rely on parent report (PSDQ adapted for young kids) or observation. Given rapid development, early interventions with parents have shown promise (e.g. for conduct problems and emotional regulation).

Middle childhood (6–12 years): In school-age children, parenting styles continue to predict adjustment. Authoritative parenting is linked to lower incidence of depressive symptoms and fewer behavior problems, and higher academic self-concept. A longitudinal cohort (e.g., older meta-analytic cohorts) shows that children whose parents shift toward more warmth (even in middle childhood) exhibit better mental health trajectories. By contrast, authoritarian parents often see increased child anxiety about performance and higher defiance.

Adolescence (13–18 years): Adolescents commonly seek autonomy, so overly controlling parenting clashes with developmental needs, often leading to conflict and internalizing problems. Many recent studies (including the 2025 Nepal PLOS study[13] and the 2025 Frontiers study[8]) focus on teens and find authoritative parenting strongly protective (lower teen depression/anxiety) while permissive or authoritarian predict teen problems. Teen self-esteem is particularly sensitive to parenting: a teen's sense of autonomy support versus coercion strongly affects mood. Notably, authoritative parenting in adolescence is sometimes paradoxically associated with minor increases in teenage self-criticism (possibly via high expectations), but still overall confers the best outcomes. Peer and school factors also grow in influence by adolescence, so parenting effects, while still significant, account for a smaller portion of variance in teen mental health than in childhood.

Cross-Cultural and Socioeconomic Moderators

Large cross-cultural surveys (e.g. EC-HOME, UNICEF studies) and targeted research suggest that the basic structure of parenting styles is found worldwide, but the **meaning** of behaviors can differ. For example, spanking may be normative and less harmful in some cultures (common in low-SES contexts) than in others, moderating its impact on child anxiety[4]. Meta-analyses note that region-of-origin rarely emerges as a strong moderator of parenting-child symptom links[7], implying that warmth and structure universally benefit children. However, multiple authors caution that factors like **socioeconomic status (SES)** strongly influence parenting: disadvantaged families report higher stress and are more likely to use authoritarian or neglectful approaches. Some research suggests that in lower-SES contexts, any form of parental monitoring can reduce risk, whereas in

higher-SES contexts, the quality of interaction (warmth) is the main driver of outcomes. Overall, the consensus (e.g. Lansford 2022 review) is that while how styles manifest can vary, authoritative parenting generally promotes mental health in diverse cultures[3]. Researchers emphasize examining cultural norms (e.g. beliefs about obedience, family hierarchy) as moderators[4].

Longitudinal vs Cross-Sectional Evidence & Causality

Most published studies are cross-sectional or short-term longitudinal, limiting causal inference. Longitudinal cohorts (e.g. age 6 to 18) show that early authoritative parenting predicts trajectories of lower problems later, but bidirectional effects exist: difficult children elicit harsher parenting. Twin/adoption studies reveal that **genetic confounding** explains part of the parent–child mental health correlation (e.g. genetically-influenced temperament may underlie both parental stress responses and child anxiety). Meta-analyses report that effect sizes are slightly smaller in prospective designs than in cross-sectional ones, suggesting some overestimation in snapshot studies. The 2026 intrusive-parenting meta[7] found substantial heterogeneity ($I^2 > 90\%$), indicating that many unmeasured factors (e.g. reporter bias, parenting measure differences, child age) affect results. Common confounders include parental mental illness (a depressed parent may both parent more authoritatively less and transmit risk genetically) and family environment (e.g. violence exposure). Randomized trials of parent-training (e.g. Triple P, Incredible Years) do show that changing parenting behavior can improve child symptoms, supporting a causal link. However, clear evidence of style->child-outcome causation (as opposed to correlation) is still limited.

Methodological Strengths, Limitations, Confounders

Strengths: Many studies use validated multi-item measures (e.g. PSDQ, PAQ) and well-defined mental health scales (e.g. CBCL, DASS-21, CDI). Meta-analyses synthesize thousands of children across cultures, confirming broad patterns[2][7]. Some recent work uses sophisticated person-centered analyses (latent profile) to capture real-world “style” mixtures rather than ideal types.

Limitations: Parenting style research is hampered by reliance on self-report (parents or youth may provide socially desirable answers). Definitions overlap (e.g. different studies use different cutoffs or cluster analyses to define styles). Many studies are underpowered (small samples, single schools/regions). Cultural validity of measures can be imperfect (as the Nepal PSDQ example noted, scales developed in the West may not map exactly onto parenting norms in Asia[9]). Confounders are often uncontrolled: parental education, family stress, child health, and genetic factors can all influence both parenting and child outcomes. Few large-scale longitudinal studies track families over many years with repeated measures of parenting and child psychopathology, which limits understanding of change over time.

Common Confounders:

- **Child effects:** A difficult temperament or early behavioral problems can cause parents to become more authoritarian, reversing cause and effect.
- **Parental psychopathology:** Depression, anxiety or substance use in parents often co-occur with harsh or inconsistent parenting; children may inherit vulnerability.
- **SES and environment:** Poverty, neighborhood violence, parental work stress influence both parenting style and child mental health independently.

Recognizing these, reviewers urge caution in interpreting associations. For example, Pinquart's meta[2] found only small effect sizes (warmth vs. depression $r \approx -.12$), suggesting many other factors are at play beyond parenting style per se.

Practical Implications

For clinicians and educators, parenting style is a **key target** for prevention and intervention. Pediatricians and school counselors can screen for very high-risk patterns (e.g. neglectful or excessively punitive parenting) when children show emotional or behavioral issues. **Parenting programs** (e.g. Triple P, Positive Parenting Program; Theraplay) that teach warmth, effective limit-setting, and emotion coaching are evidence-based for reducing child anxiety, depression, and conduct problems. Educators can involve parents through workshops that encourage authoritative strategies (consistent routines, positive reinforcement) rather than criticism or permissiveness. Policymakers can support these interventions by funding community-based parent training and by promoting policies that reduce family stress (paid parental leave, child care support), because stressed families tend toward harsher parenting. Public health messages (like WHO parenting guidelines) should emphasize responsive caregiving. Finally, culturally tailored programs are needed: for example, parenting interventions in collectivist settings may need to address extended-family dynamics or community norms about obedience, but still encourage core behaviors (warmth, explanation of rules).

Research Gaps and Future Directions

Despite extensive study, clear gaps remain. There is a need for **longitudinal cohort studies** beginning in infancy and following into adulthood to clarify causal pathways and sensitive periods. Genetically informed designs (twin/adoption studies, polygenic scores) can help disentangle parenting effects from inherited risk. Very few studies examine the neurobiological mechanisms in humans (e.g. how parenting alters a child's stress hormone patterns or brain development over time). Cross-cultural research is surprisingly limited outside North America/Europe: large-scale studies in Africa, Asia, and Latin America are needed to test if and how cultural context changes these relationships. Socioeconomic moderators should be examined rigorously (e.g. does authoritative parenting buffer the effects of poverty on child mental health?). The rise of social media and digital life also poses questions: future work should explore how digital parenting practices interact with traditional styles. Furthermore, most studies focus on mothers; research on **fathering** and other caregivers (grandparents, siblings) is sparse. Finally, intervention studies that manipulate parenting (while ethically ensuring child safety) could provide stronger causal evidence. Addressing these gaps will inform how best to support families and improve children's mental health.

Search Strategy & Sources: We conducted comprehensive literature searches (PubMed, PsycINFO, Web of Science, and key organizational sites such as WHO and APA). Priority was given to recent (last 10–15 years) peer-reviewed sources, seminal theories (Baumrind, Maccoby & Martin), meta-analyses (e.g. Pinquart 2016, Chu Lin et al. 2024, Ryan et al. 2026), and cross-cultural reviews[2][3]. Search terms included combinations of “parenting style”, “parenting dimensions”, “child anxiety/depression/self-esteem/suicidality”, “longitudinal”, “cross-cultural”, and “mechanisms attachment regulation”. For measurement instruments we reviewed manuals and validation studies (e.g. PSDQ, PAQ). Where available, authoritative sources (e.g. WHO reports, professional guidelines) were consulted. The key studies and instruments cited are drawn from these prioritized sources.

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