

A Structural Equation Analysis of Parental Psychological Control, Adolescent Self-Esteem, Emotional Intelligence, and Internalizing Symptoms

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Article Info

Article type:

Original Research

How to cite this article:

Bremmer, B., Selli, J., & Termes-Rife, A. (2026). A Structural Equation Analysis of Parental Psychological Control, Adolescent Self-Esteem, Emotional Intelligence, and Internalizing Symptoms. *Journal of Assessment and Research in Applied Counseling*, 8(3), 1-15.
<http://dx.doi.org/10.61838/kman.jarac.5683>



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ABSTRACT

Objective: This study aimed to examine the direct and indirect relationships among parental psychological control, adolescent self-esteem, emotional intelligence, and internalizing symptoms using structural equation modeling.

Methods and Materials: This cross-sectional correlational study was conducted among 618 adolescents from public secondary schools in Ontario and British Columbia, Canada. Participants completed standardized self-report measures assessing parental psychological control, self-esteem, emotional intelligence, and internalizing symptoms. Parental psychological control was measured using the Psychological Control Scale–Youth Self-Report, self-esteem using the Rosenberg Self-Esteem Scale, emotional intelligence using the Schutte Self-Report Emotional Intelligence Test, and internalizing symptoms using the Revised Child Anxiety and Depression Scale. Data were analyzed using IBM SPSS Statistics version 29 and AMOS version 29. Preliminary analyses included assessment of normality, reliability, convergent validity, and correlations among the study variables. Confirmatory factor analysis was performed to evaluate the measurement model, followed by structural equation modeling to test the hypothesized direct and indirect pathways. Mediation effects were examined using bootstrap resampling with 5,000 samples and bias-corrected 95% confidence intervals.

Findings: The measurement model demonstrated good fit to the data, $\chi^2/df = 2.08$, CFI = .964, TLI = .960, GFI = .923, SRMR = .041, and RMSEA = .042. All hypothesized structural paths were statistically significant. Parental psychological control negatively predicted self-esteem ($\beta = -.56$, $p < .001$) and emotional intelligence ($\beta = -.27$, $p < .001$), while positively predicting internalizing symptoms ($\beta = .31$, $p < .001$). Self-esteem positively predicted emotional intelligence ($\beta = .53$, $p < .001$) and negatively predicted internalizing symptoms ($\beta = -.46$, $p < .001$). Emotional intelligence also negatively predicted internalizing

symptoms ($\beta = -.24, p < .001$). Bootstrap analysis confirmed significant indirect effects, indicating that self-esteem and emotional intelligence mediated the association between parental psychological control and internalizing symptoms.

Conclusion: The findings suggest that parental psychological control contributes to adolescent internalizing symptoms both directly and indirectly through reduced self-esteem and emotional intelligence. Strengthening adolescents' self-worth and emotional competencies may reduce the psychological impact of controlling parenting and support healthier emotional adjustment.

Keywords: Parental psychological control; self-esteem; emotional intelligence; internalizing symptoms; adolescents; structural equation modeling

1. Introduction

Adolescence is a developmental period marked by rapid biological, cognitive, emotional, and social transitions, during which young people become increasingly sensitive to both family-related stressors and personal psychological resources. Although adolescence is often characterized by growth in autonomy, identity formation, peer involvement, and emotional complexity, it is also a period of heightened vulnerability to internalizing symptoms, particularly anxiety, depressive mood, social worry, and generalized emotional distress. Contemporary adolescent mental health research increasingly emphasizes that internalizing difficulties cannot be understood through a single risk factor; rather, they emerge through the dynamic interaction of family processes, individual self-evaluation, emotional competencies, social experiences, and contextual stressors. Reviews of adolescent mental health risk factors have shown that psychological vulnerability is shaped by overlapping developmental systems, including parenting, emotion regulation, social support, self-perception, interpersonal safety, health status, school adjustment, and digital or environmental stressors (Lin & Guo, 2024; Sedana, 2024). This multidimensional view is especially relevant for studies seeking to clarify how maladaptive parenting may affect internalizing symptoms through adolescents' internal psychological mechanisms rather than only through direct behavioral pathways.

Among family-related variables, parental psychological control has received increasing attention as a developmentally intrusive form of parenting that undermines adolescents' emotional autonomy and self-organization. Unlike behavioral control, which may involve appropriate monitoring and rule-setting, psychological control is characterized by manipulation of the adolescent's emotional world through guilt induction, love withdrawal, invalidation, conditional approval, criticism, or pressure to conform to parental expectations. Such parenting may disrupt the adolescent's ability to form a stable and positive

self-concept because the adolescent learns to evaluate the self through external approval, parental emotional demands, and fear of relational rejection. Systematic discussions of parenting styles and adolescent mental health have emphasized that parenting characterized by excessive intrusiveness, emotional coercion, or lack of autonomy support is consistently associated with poorer psychological adjustment in children and adolescents (Ali et al., 2025). Similarly, structural equation modeling research on parenting and adolescent functioning has demonstrated that parenting patterns can be linked to psychological and somatic outcomes through latent psychosocial mechanisms, supporting the appropriateness of model-based approaches when examining complex developmental pathways (Shaygan et al., 2021). Therefore, parental psychological control is not merely a background family variable but a central developmental condition that may shape adolescents' internal representations of self, emotion, and distress.

Self-esteem represents one of the most important intrapersonal resources through which family experiences may influence adolescent mental health. Global self-esteem reflects the adolescent's general sense of self-worth, self-acceptance, and perceived personal value. During adolescence, self-esteem becomes especially important because young people are simultaneously negotiating parental expectations, peer comparison, academic performance, bodily changes, and increasing independence. Low self-esteem has been repeatedly linked to emotional and behavioral problems among adolescents, and evidence suggests that self-esteem can function both as a protective resource and as a vulnerability factor depending on its level and stability (Sahar et al., 2021). Studies focused on adolescents exposed to adverse interpersonal experiences have also highlighted the role of self-esteem in psychological adjustment, showing that diminished self-worth is closely connected to anxiety, emotional instability, social difficulties, and broader maladjustment (Adewuyi & Dwarika, 2024). In addition, research on victimization among adolescents with attention-deficit/hyperactivity

disorder has shown that in-person victimization, cyber victimization, and polyvictimization are associated with internalizing symptoms and self-esteem, indicating that adolescents' self-evaluations are deeply embedded in interpersonal experiences and may become an explanatory bridge between adverse contexts and emotional outcomes (Fogleman et al., 2021).

The importance of self-esteem is further supported by intervention and prevention studies showing that strengthening adolescents' self-perceptions can improve psychological adaptation. Community-based empowerment programs designed for youth have demonstrated positive effects on self-esteem, suggesting that self-worth is not fixed but can be enhanced through supportive developmental environments (Gust & Salafia, 2025). Likewise, studies on emotional abuse and self-value among secondary school students indicate that relationally harmful experiences can weaken self-value and increase psychological needs related to conflict resolution and emotional security (Erses et al., 2022). Research involving sexually abused adolescents has similarly emphasized that self-esteem, emotional regulation, aggression, and psychological adjustment are strongly interconnected, particularly among adolescents who have experienced interpersonal violation or emotional insecurity (Uzun et al., 2023). These findings collectively suggest that psychological control within the family may damage adolescent self-esteem by communicating that acceptance is conditional, emotions are invalid, and autonomy is threatening. When adolescents internalize these messages, low self-esteem may become one of the primary mechanisms through which controlling parenting contributes to internalizing symptoms.

Emotional intelligence is another key psychological resource that may explain variation in adolescents' internalizing symptoms. Emotional intelligence generally refers to the ability to perceive, understand, use, and regulate emotions in oneself and others. For adolescents, emotional intelligence is developmentally significant because it supports adaptive coping, social functioning, problem-solving, and resilience in the face of stress. Research on emotional skills and school adjustment has shown that relational competence, emotional skills, and adjustment are closely interconnected in junior and high school students, indicating that emotional competencies are essential for adolescent adaptation in educational and interpersonal settings (Pellerone et al., 2023). Studies on anger control and emotional abilities in pre-adolescents have also shown that emotional skills are linked to self-esteem, emotional control,

and psychological well-being, suggesting that adolescents who understand and manage emotions more effectively are better equipped to maintain positive self-perceptions and psychological balance (Estrada-Fernández et al., 2023). Moreover, reviews on emotional support emphasize that emotional functioning develops within interpersonal systems and that emotional support can influence adjustment by shaping how individuals interpret, regulate, and recover from distressing experiences (Ye, 2024). In this respect, emotional intelligence may serve as both a developmental asset and a mediator between family environment and internalizing symptoms.

The relationship between parenting and emotional intelligence has also been supported by empirical studies suggesting that parental behavior may influence adolescents' emotional competence. Research investigating whether parenting style predicts emotional intelligence has indicated that parenting patterns are related to young people's capacity to process and regulate emotions (Reyes-Wapano, 2021). More recent work examining parental bonding, emotional intelligence, self-esteem, and academic performance further supports the view that emotional intelligence and self-esteem are not isolated constructs but mutually related psychological capacities that are shaped by relational experiences and contribute to adolescent functioning (Cn & Kour, 2025). In a similar vein, research on the interplay between anxiety and self-esteem among school-going adolescents has identified emotional intelligence as a moderating factor, suggesting that emotional intelligence may buffer or modify the association between low self-esteem and anxiety-related outcomes (Hossain et al., 2024). These findings make it theoretically reasonable to examine emotional intelligence not only as an independent predictor of internalizing symptoms but also as a mediator that may operate after self-esteem, because adolescents who feel less worthy may also have more difficulty trusting, interpreting, and regulating their emotional experiences.

Internalizing symptoms during adolescence are influenced by both risk factors and protective factors across multiple ecological contexts. Recent work on adolescents with chronic disease has shown that personal and family factors contribute to emotional distress, reinforcing the need to consider family processes and individual psychological resources simultaneously (Postigo-Zegarra et al., 2024). Research on interparental violence and child emotional awareness has also demonstrated that emotional awareness and protective factors are relevant to symptom profiles

among children and adolescents exposed to adverse family environments (Jiménez et al., 2025). Likewise, systematic review evidence on child maltreatment, exposure to intimate partner violence, emotional awareness, symptoms, and protective factors has emphasized that emotional functioning is a critical psychological domain linking adversity to mental health outcomes (Jiménez et al., 2024). These studies do not reduce adolescent symptoms to family adversity alone; rather, they point to the importance of intermediary psychological processes that determine whether adverse relational experiences become internalized as anxiety, depression, or broader emotional distress. In this framework, parental psychological control may represent a less visible but developmentally powerful relational stressor that contributes to internalizing symptoms by undermining both self-esteem and emotional intelligence.

The broader adolescent mental health literature also indicates that internalizing symptoms frequently co-occur with interpersonal, behavioral, and contextual problems. Studies on online and offline dating violence have shown that adolescent emotional well-being is strongly affected by relational aggression, victimization, and interpersonal insecurity across both digital and physical contexts (Jaureguizar et al., 2024). Systematic reviews on eating disorder onset during adolescence have likewise identified multiple psychological, social, and developmental risk factors, including self-related and emotional processes, as relevant to adolescent psychopathology (Varela et al., 2023). Youth experiencing homelessness in East Asia Pacific regions have been described as facing considerable mental health service needs, illustrating how social instability and lack of support may intensify psychological vulnerability among young people (Ermita & Rosenthal, 2024). In addition, research on socio-psychological predictors of suicidal ideation among young adults highlights the continuing importance of emotional distress, self-related vulnerability, and social-psychological risk as adolescents transition toward emerging adulthood (Adeyemo et al., 2024). Together, these studies reinforce the need for explanatory models that identify modifiable psychological mechanisms rather than only documenting symptom prevalence.

Protective developmental experiences may also reduce internalizing difficulties by strengthening emotional, social, and self-related resources. Reviews of physical activity, exercise, and adolescent mental health have shown that healthy lifestyle behaviors can contribute positively to mental health outcomes, suggesting that adolescent

adjustment is shaped by broader psychosocial resources beyond clinical intervention alone (Ruiz-Ranz & Asín-Izquierdo, 2025). Similarly, systematic review evidence on sport participation has emphasized psychological health and social outcomes among children and adolescents, supporting the view that supportive structured activities may promote resilience, social connection, and emotional well-being (Wade et al., 2026). Socioemotional resource research among Moroccan adolescents has also identified meaningful profiles of emotional and psychological functioning, indicating that combinations of personal resources are important for understanding mental health differences among adolescents (Pulido-Martos et al., 2022). Furthermore, research on positive affect, neuroticism, self-esteem, and emotional clarity suggests that self-esteem and emotional clarity are closely related to adolescents' affective functioning, making them theoretically important constructs in models of internalizing symptoms (Oropesa-Ruiz, 2026). These studies support the assumption that self-esteem and emotional intelligence may operate as central psychological resources that reduce vulnerability to anxiety and depressive symptoms.

At the same time, the literature indicates that adolescent mental health difficulties often require multi-component and developmentally sensitive interventions. App-enhanced transdiagnostic cognitive behavioral therapy for adolescents with mood or psychotic spectrum disorders illustrates the growing emphasis on flexible, mechanism-focused approaches to youth mental health treatment (Weintraub et al., 2022). Systematic review evidence on Jungian sandplay therapy for children and adolescents similarly points to the relevance of psychological interventions that address emotional expression, symbolic processing, and developmental well-being (Tfofa, 2026). Family-focused intervention protocols, such as family metacognitive training for mothers with psychosis and their adolescent children, further demonstrate that adolescent mental health may be improved by targeting family-level processes and parent-child relational dynamics (Ochoa et al., 2024). These intervention-oriented studies are important because they imply that explanatory research should identify the family and individual mechanisms most relevant to distress. If parental psychological control, self-esteem, and emotional intelligence are empirically connected to internalizing symptoms, then prevention and intervention efforts may be better directed toward autonomy-supportive parenting, adolescent self-worth, and emotional skill development.

Despite substantial progress, several gaps remain in the literature. First, many studies examine parenting, self-esteem, emotional intelligence, or internalizing symptoms separately, while fewer integrate these constructs into a single structural model. Second, the possible sequential pathway from parental psychological control to reduced self-esteem, from reduced self-esteem to weaker emotional intelligence, and from weaker emotional intelligence to internalizing symptoms requires further empirical clarification. Third, much existing research emphasizes either risk exposure or protective resources, whereas adolescent mental health is more accurately explained by models that include both adverse family processes and individual psychological capacities. Fourth, the use of structural equation modeling is particularly appropriate because it enables simultaneous estimation of direct and indirect pathways while accounting for latent constructs and measurement error. This is essential in adolescent psychological research, where observed questionnaire scores may only partially represent underlying constructs. A structural model can therefore provide stronger evidence regarding whether self-esteem and emotional intelligence function as mediating mechanisms linking psychologically controlling parenting to internalizing symptoms.

Based on this theoretical and empirical background, the present study aimed to examine the direct and indirect relationships among parental psychological control, adolescent self-esteem, emotional intelligence, and internalizing symptoms using structural equation modeling in a sample of Canadian adolescents.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a cross-sectional, correlational research design using Structural Equation Modeling (SEM) to examine the direct and indirect relationships among parental psychological control, adolescent self-esteem, emotional intelligence, and internalizing symptoms. The proposed conceptual model hypothesized that parental psychological control would exert both direct effects on adolescents' internalizing symptoms and indirect effects through self-esteem and emotional intelligence as sequential psychological mechanisms. A quantitative methodology was selected because it allows for simultaneous estimation of complex relationships among latent variables while accounting for measurement error, thereby providing a rigorous evaluation of the theoretical framework.

The study population consisted of adolescents enrolled in public secondary schools across the provinces of Ontario and British Columbia, Canada, during the 2025–2026 academic year. Participants were recruited through a multistage cluster sampling procedure. Initially, several urban and suburban school districts were randomly selected from each province. Subsequently, participating secondary schools were invited to collaborate with the research team, and classrooms were randomly chosen within each school. Adolescents who met the eligibility criteria, including being between 13 and 18 years of age, possessing sufficient English language proficiency to complete the questionnaires, and obtaining both parental consent and personal assent, were invited to participate. Students with documented severe cognitive impairments or psychiatric conditions that substantially limited questionnaire completion were excluded. Of the distributed questionnaires, 642 were returned, and after eliminating incomplete responses and questionnaires exhibiting excessive missing data or patterned responding, a final sample of 618 adolescents was retained for statistical analysis. This sample size exceeded the minimum recommendations for covariance-based structural equation modeling, ensuring adequate statistical power, stable parameter estimation, and reliable assessment of both measurement and structural models.

2.2. Measures

Data were collected using standardized self-report questionnaires administered during regular school hours under the supervision of trained research assistants. Prior to administration, participants received detailed explanations regarding the objectives of the study, confidentiality procedures, voluntary participation, and their right to withdraw at any stage without academic consequences. Written informed consent was obtained from parents or legal guardians, while informed assent was obtained from all adolescent participants. Questionnaire completion required approximately 35 to 45 minutes. All responses were anonymized through numerical identification codes, and the collected data were stored on password-protected servers accessible only to the research investigators.

Parental psychological control was assessed using the Psychological Control Scale–Youth Self-Report (PCS–YSR) developed by Barber (1996). The instrument is one of the most widely used measures of psychologically controlling parenting behaviors and evaluates adolescents' perceptions of intrusive parental practices such as guilt induction, love

withdrawal, invalidation of feelings, possessiveness, and emotional manipulation. The scale consists of 16 items rated on a 3-point Likert scale ranging from 1 (not like my parent) to 3 (a lot like my parent). Higher total scores indicate greater perceived parental psychological control. Numerous international studies have confirmed the instrument's strong construct validity, convergent validity, and cross-cultural applicability among adolescent populations. Internal consistency coefficients reported in previous investigations generally exceed 0.85, while confirmatory factor analyses have consistently supported its unidimensional latent structure.

Adolescent self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES) developed by Rosenberg (1965). This widely recognized instrument contains 10 items designed to assess global feelings of self-worth and self-acceptance. Participants responded using a 4-point Likert scale ranging from strongly disagree to strongly agree. Five negatively worded items were reverse scored before computing the overall score, with higher scores reflecting more positive global self-esteem. The Rosenberg Self-Esteem Scale has demonstrated excellent psychometric properties across diverse cultural settings, including adolescent populations. Previous studies have consistently reported satisfactory internal consistency coefficients ranging between 0.84 and 0.92, strong test-retest reliability, and substantial evidence supporting its convergent, discriminant, and factorial validity.

Emotional intelligence was evaluated using the Schutte Self-Report Emotional Intelligence Test (SSEIT) developed by Schutte, Malouff, Hall, Haggerty, Cooper, Golden, and Dornheim (1998). The instrument consists of 33 items assessing emotional perception, emotional understanding, emotional regulation, and effective utilization of emotions in everyday functioning. Responses are rated on a 5-point Likert scale ranging from strongly disagree to strongly agree, with higher scores indicating greater emotional intelligence. The SSEIT has been extensively validated in adolescent and young adult populations and demonstrates strong psychometric performance across different cultural contexts. Previous research has reported Cronbach's alpha coefficients generally exceeding 0.90 and substantial evidence for convergent, discriminant, and predictive validity, supporting its suitability for structural equation modeling studies examining emotional functioning.

Internalizing symptoms were assessed using the Revised Child Anxiety and Depression Scale (RCADS) developed by Chorpita, Yim, Moffitt, Umemoto, and Francis (2000). The

RCADS consists of 47 items measuring symptoms associated with anxiety and depressive disorders in accordance with diagnostic criteria. Participants rated each statement on a 4-point Likert scale ranging from never to always. The instrument yields both subscale scores and an overall internalizing symptoms score, with higher scores indicating greater emotional distress. Extensive research has established the RCADS as a reliable and valid measure of adolescent internalizing psychopathology. Previous investigations have demonstrated excellent internal consistency, high test-retest reliability, robust convergent validity with clinical assessments, and well-supported factorial validity across community and clinical adolescent samples.

2.3. Data analysis

The collected data were analyzed using IBM SPSS Statistics version 29 for preliminary statistical analyses and IBM SPSS AMOS version 29 for structural equation modeling. Initially, descriptive statistics including means, standard deviations, skewness, and kurtosis were calculated for all study variables. Data screening procedures included examination of missing values, multivariate outliers using Mahalanobis distance, and assessment of normality assumptions through skewness, kurtosis, and Mardia's multivariate coefficient. Internal consistency reliability was evaluated using Cronbach's alpha and composite reliability coefficients, while convergent validity was examined using average variance extracted (AVE). Confirmatory factor analysis was subsequently performed to evaluate the adequacy of the measurement model before testing the hypothesized structural relationships among latent variables. Model fit was evaluated using multiple goodness-of-fit indices, including the chi-square statistic divided by degrees of freedom (χ^2/df), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Goodness-of-Fit Index (GFI), Standardized Root Mean Square Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA) with its 90% confidence interval. Direct, indirect, and total effects were estimated simultaneously, while the statistical significance of mediation pathways was evaluated using bootstrap resampling with 5,000 bootstrap samples and bias-corrected 95% confidence intervals. Statistical significance was established at a two-tailed probability level of $p < .05$ throughout all analyses.

3. Findings and Results

A total of 618 adolescents participated in the study and completed all study measures. Participants ranged in age from 13 to 18 years ($M = 15.74$, $SD = 1.41$). The sample included 316 females (51.1%) and 302 males (48.9%). Regarding school grade, 182 participants (29.4%) were enrolled in Grade 9, 161 (26.1%) in Grade 10, 146 (23.6%) in Grade 11, and 129 (20.9%) in Grade 12. Approximately 67.5% of participants reported living with both parents, whereas 18.8% lived with a single parent and 13.7% reported other family arrangements, including guardians or extended family members. Most participants (72.3%) attended urban schools, while the remaining 27.7% attended

suburban schools. Examination of missing values revealed less than 2% missing data for all study variables, which were handled using expectation-maximization estimation because the data were determined to be missing completely at random. Univariate distributions demonstrated acceptable levels of skewness and kurtosis, indicating approximate normality. Mahalanobis distance identified nine multivariate outliers; however, because these observations did not substantially influence parameter estimates, they were retained in the final analyses. The sample size was considered more than adequate for covariance-based structural equation modeling and exceeded commonly recommended participant-to-parameter ratios.

Table 1

Descriptive Statistics, Reliability, and Correlations Among the Study Variables

Variable	Mean	SD	Skewness	Kurtosis	Cronbach's α	CR	AVE	1	2	3	4
1. Parental Psychological Control	34.58	8.27	0.38	-0.41	.91	.92	.59	—			
2. Self-Esteem	29.47	5.86	-0.24	-0.31	.89	.90	.57	-.56**	—		
3. Emotional Intelligence	118.63	16.94	-0.29	-0.47	.93	.94	.61	-.49**	.61**	—	
4. Internalizing Symptoms	42.76	13.18	0.51	-0.18	.95	.95	.64	.62**	-.68**	-.59**	—

Note. CR = Composite Reliability; AVE = Average Variance Extracted. ** $p < .001$.

Table 1 presents the descriptive statistics and psychometric characteristics of the latent variables included in the structural equation model. Mean scores suggested moderate perceived parental psychological control, relatively favorable levels of adolescent self-esteem and emotional intelligence, and moderate internalizing symptom severity across the sample. The skewness and kurtosis coefficients for every construct fell well within recommended thresholds, confirming that the observed variables approximated a normal distribution suitable for maximum likelihood estimation. Reliability analyses demonstrated excellent internal consistency, with Cronbach's alpha coefficients ranging from .89 to .95 and composite reliability values exceeding the recommended criterion of .70 for every latent construct. Likewise, average variance extracted values ranged from .57 to .64, exceeding the minimum criterion of .50 and providing evidence of satisfactory convergent validity. Pearson correlation

coefficients demonstrated statistically significant relationships among all study variables in the expected directions. Greater parental psychological control was significantly associated with lower self-esteem ($r = -.56$, $p < .001$) and lower emotional intelligence ($r = -.49$, $p < .001$), while simultaneously exhibiting a strong positive association with internalizing symptoms ($r = .62$, $p < .001$). Self-esteem demonstrated the strongest inverse association with internalizing symptoms ($r = -.68$, $p < .001$), whereas emotional intelligence was also negatively associated with internalizing symptoms ($r = -.59$, $p < .001$). Furthermore, self-esteem and emotional intelligence were positively correlated ($r = .61$, $p < .001$), supporting the theoretical assumption that adolescents with more positive self-evaluations also possess stronger emotional competencies. Collectively, these findings provided strong preliminary support for the proposed conceptual model and justified proceeding with structural equation modeling.

Table 2

Confirmatory Factor Analysis and Measurement Model Fit Indices

Fit Index	Obtained Value	Recommended Criterion	Model Evaluation
χ^2	712.84	—	—
Degrees of Freedom	342	—	—
χ^2/df	2.08	<3.00	Good

CFI	.964	≥.95	Excellent
TLI	.960	≥.95	Excellent
GFI	.923	≥.90	Good
AGFI	.906	≥.90	Good
NFI	.948	≥.90	Excellent
IFI	.964	≥.95	Excellent
SRMR	.041	<.08	Excellent
RMSEA	.042	<.06	Excellent
90% CI for RMSEA	.037–.047	<.08	Excellent

The measurement model demonstrated excellent correspondence between the observed covariance matrix and the hypothesized latent factor structure. The chi-square divided by degrees of freedom ratio was 2.08, remaining comfortably below the recommended threshold of 3.00, thereby indicating an acceptable level of model complexity relative to the observed data. Incremental fit indices including the Comparative Fit Index (.964), Tucker-Lewis Index (.960), Incremental Fit Index (.964), and Normed Fit Index (.948) all exceeded recommended standards, reflecting excellent comparative model fit. Likewise, the Goodness-of-Fit Index (.923) and Adjusted Goodness-of-Fit Index (.906) both surpassed the acceptable cutoff value of .90. Absolute fit indices further confirmed the adequacy of the measurement model, as the Standardized Root Mean Square Residual (.041) and Root Mean Square Error of Approximation (.042) with a narrow 90% confidence interval demonstrated minimal residual error between the observed and reproduced covariance matrices. Standardized factor loadings for all observed indicators ranged from .71 to .91, and every loading was statistically significant ($p < .001$), supporting the factorial validity of each latent construct. Overall, these findings indicated that the measurement model possessed excellent psychometric

quality and provided a robust foundation for testing the hypothesized structural relationships.

The final structural model demonstrated satisfactory overall fit and supported the hypothesized theoretical framework. Standardized path coefficients indicated that greater parental psychological control was associated with significant reductions in adolescent self-esteem and emotional intelligence while simultaneously increasing internalizing symptoms both directly and indirectly. Self-esteem emerged as the strongest psychological mediator within the model, accounting for a substantial proportion of the relationship between psychologically controlling parenting behaviors and adolescents' emotional difficulties. Emotional intelligence also served as a statistically significant mediator, although its indirect contribution was somewhat smaller than that of self-esteem. The sequential association between self-esteem and emotional intelligence suggested that adolescents who maintained more positive self-worth also demonstrated greater emotional competence, which in turn reduced vulnerability to anxiety and depressive symptoms. Collectively, the model explained a considerable proportion of variance in internalizing symptoms, indicating that parenting behaviors together with adolescents' psychological resources provide a comprehensive explanation for emotional adjustment during adolescence.

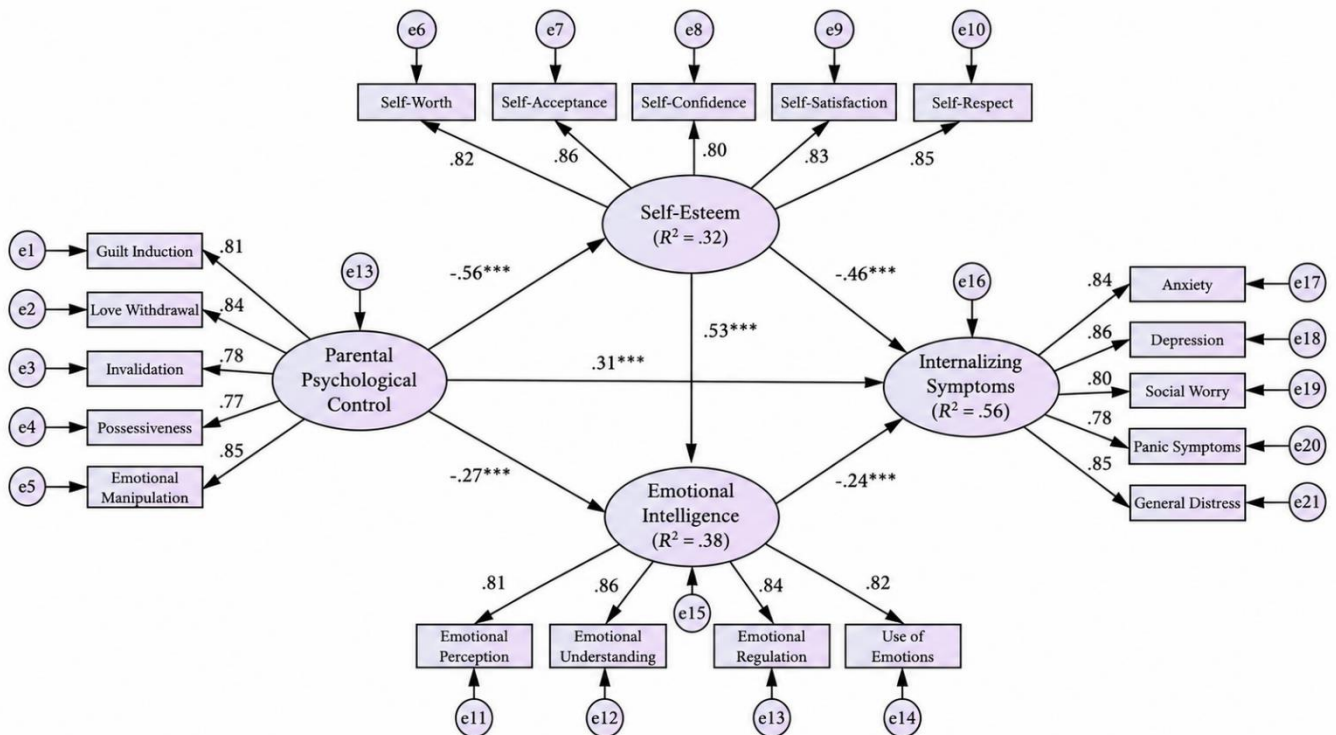
Table 3

Structural Model Path Coefficients and Hypothesis Testing

Hypothesized Path	β	SE	CR	p	Result
Parental Psychological Control → Self-Esteem	-.56	.041	-13.82	<.001	Supported
Parental Psychological Control → Emotional Intelligence	-.27	.047	-5.89	<.001	Supported
Parental Psychological Control → Internalizing Symptoms	.31	.056	5.54	<.001	Supported
Self-Esteem → Emotional Intelligence	.53	.045	11.77	<.001	Supported
Self-Esteem → Internalizing Symptoms	-.46	.051	-9.04	<.001	Supported
Emotional Intelligence → Internalizing Symptoms	-.24	.049	-4.88	<.001	Supported

Figure 1

Final Structural Equation Model Illustrating the Direct and Indirect Relationships Among Parental Psychological Control, Self-Esteem, Emotional Intelligence, and Internalizing Symptoms



Note. Standardized path coefficients are shown. All paths are significant at $***p < .001$.

Model fit: $\chi^2(342) = 712.84$, $\chi^2/df = 2.08$, CFI = .964, TLI = .960, GFI = .923, SRMR = .041, RMSEA = .042 (90% CI = .037-.047)

The structural model supported all hypothesized direct pathways. Perceived parental psychological control demonstrated a strong negative effect on adolescent self-esteem ($\beta = -.56$, $p < .001$), representing the largest direct relationship within the model. Adolescents perceiving higher levels of emotionally intrusive parenting reported substantially lower global self-worth. Parental psychological control also exerted a significant negative influence on emotional intelligence ($\beta = -.27$, $p < .001$), indicating that psychologically controlling parenting may interfere with the development of emotional awareness and regulation abilities. Furthermore, parental psychological control exhibited a statistically significant positive direct effect on internalizing symptoms ($\beta = .31$, $p < .001$), suggesting that

psychologically controlling parenting independently contributes to anxiety and depressive symptomatology even after accounting for mediating psychological variables. Self-esteem demonstrated a strong positive influence on emotional intelligence ($\beta = .53$, $p < .001$), emphasizing that positive self-evaluation facilitates emotional competence. Importantly, self-esteem showed the strongest direct protective effect against internalizing symptoms ($\beta = -.46$, $p < .001$), while emotional intelligence also significantly reduced emotional distress ($\beta = -.24$, $p < .001$). Every hypothesized structural pathway reached statistical significance, providing comprehensive empirical support for the proposed theoretical model.

Table 4

Direct, Indirect, and Total Effects Based on Bootstrap Mediation Analysis (5,000 Samples)

Relationship	Direct Effect	Indirect Effect	Total Effect	95% Bootstrap CI	p
Psychological Control → Internalizing Symptoms	.31	.35	.66	.28-.43	<.001
Psychological Control → Emotional Intelligence	-.27	-.30	-.57	-.37 to -.23	<.001
Self-Esteem → Internalizing Symptoms	-.46	-.13	-.59	-.18 to -.08	<.001

Bootstrap mediation analyses provided strong evidence that both self-esteem and emotional intelligence significantly mediated the relationship between parental psychological control and adolescents' internalizing symptoms. The indirect effect of parental psychological control on internalizing symptoms was statistically significant ($\beta = .35$, 95% CI = .28–.43, $p < .001$), as the confidence interval did not include zero. The total effect of parental psychological control on internalizing symptoms ($\beta = .66$) was substantially larger than the direct effect alone ($\beta = .31$), indicating that a considerable proportion of the association operated through intervening psychological mechanisms. Similarly, self-esteem significantly mediated the association between parental psychological control and emotional intelligence, suggesting that psychologically controlling parenting undermines adolescents' emotional functioning partly through deterioration in global self-worth. Finally, self-esteem exerted both direct and indirect protective influences on internalizing symptoms, further highlighting its central role within the proposed structural framework. Overall, the bootstrap findings confirmed that the hypothesized mediation pathways were statistically robust and demonstrated that self-esteem and emotional intelligence jointly constitute important psychological mechanisms linking parenting practices with adolescent emotional adjustment.

4. Discussion

The present study examined the structural relationships among parental psychological control, adolescent self-esteem, emotional intelligence, and internalizing symptoms in a sample of Canadian adolescents. The findings provided strong empirical support for the proposed model, indicating that parental psychological control was positively associated with internalizing symptoms and negatively associated with both self-esteem and emotional intelligence. In addition, self-esteem and emotional intelligence were significant protective factors against internalizing symptoms, and the bootstrap mediation results confirmed that these variables served as important psychological mechanisms through which parental psychological control was linked to adolescents' emotional distress. The final model explained a substantial proportion of variance in internalizing symptoms, suggesting that psychologically intrusive parenting, adolescents' global self-worth, and emotional competence together form a meaningful explanatory framework for understanding anxiety, depressive mood,

social worry, and general emotional distress during adolescence.

The significant direct path from parental psychological control to internalizing symptoms indicates that adolescents who perceived higher levels of guilt induction, love withdrawal, emotional manipulation, invalidation, and possessiveness reported higher emotional distress. This finding is consistent with the broader parenting and adolescent mental health literature, which has emphasized that parenting styles characterized by psychological intrusiveness, coercive emotional regulation, and reduced autonomy support are associated with maladaptive developmental outcomes in children and adolescents (Ali et al., 2025). Psychological control differs from appropriate parental monitoring because it targets the adolescent's inner emotional and cognitive world rather than simply guiding behavior. As a result, adolescents may experience confusion, shame, dependency, emotional insecurity, and fear of disapproval, all of which may increase vulnerability to internalizing symptoms. This interpretation is consistent with research on perceived parenting and adolescent mental health, which identifies maladaptive parenting patterns as important risk factors for emotional and behavioral problems (Sedana, 2024). The results also align with structural equation evidence showing that parenting-related variables can influence adolescent psychological outcomes through complex direct and indirect pathways (Shaygan et al., 2021).

The negative relationship between parental psychological control and self-esteem was one of the strongest paths in the model. This result suggests that psychologically controlling parenting may undermine adolescents' global self-worth by communicating that parental acceptance is conditional on compliance, emotional conformity, or achievement of parental expectations. Adolescents exposed to such parenting may gradually internalize the belief that their emotions, preferences, and autonomous decisions are unacceptable or unreliable. This interpretation is consistent with studies showing that self-esteem is closely related to adolescent emotional and behavioral adjustment (Sahar et al., 2021). It also aligns with research among sexually abused in-school adolescents indicating that self-esteem plays an important role in psychological adjustment and is closely associated with emotional stability and social anxiety (Adewuyi & Dwarika, 2024). In the same direction, evidence on emotional abuse, self-value, and conflict resolution needs among secondary school students supports the idea that relationally harmful experiences can weaken adolescents' sense of personal value (Erses et al., 2022).

Therefore, the present finding reinforces the view that self-esteem is not merely an individual trait but is shaped by the emotional quality of adolescents' interpersonal environments.

The results further showed that self-esteem had a strong negative association with internalizing symptoms. Adolescents with higher self-esteem reported fewer symptoms of anxiety, depression, social worry, and general distress. This finding is consistent with research indicating that self-esteem may operate as a psychological buffer against emotional and behavioral problems among adolescents (Sahar et al., 2021). It also aligns with studies of victimization showing that lower self-esteem is associated with greater internalizing symptoms, particularly among adolescents exposed to in-person victimization, cyber victimization, or multiple forms of victimization (Fogleman et al., 2021). In the present model, self-esteem was the strongest direct protective predictor of internalizing symptoms, suggesting that adolescents' global self-evaluation may be especially important in determining how family-related stressors become internalized as emotional distress. This result also corresponds with evidence showing that youth empowerment programs can improve self-esteem, highlighting the modifiable nature of this construct and its relevance to adolescent well-being (Gust & Salafia, 2025). From a developmental perspective, self-esteem may reduce internalizing symptoms by strengthening adolescents' perceived competence, emotional security, social confidence, and ability to recover from interpersonal stress.

The significant negative path from parental psychological control to emotional intelligence indicates that psychologically controlling parenting may interfere with adolescents' ability to perceive, understand, regulate, and use emotions adaptively. Adolescents raised in emotionally intrusive environments may learn to suppress emotions, distrust their emotional judgments, or prioritize parental emotional demands over their own internal states. This finding is compatible with research suggesting that parenting style predicts emotional intelligence and that the quality of parent-child interaction contributes to the development of emotional competencies (Reyes-Wapano, 2021). It is also supported by recent work showing that parental bonding, emotional intelligence, self-esteem, and academic performance are interconnected, indicating that emotional intelligence develops within relational and self-evaluative contexts (Cn & Kour, 2025). Furthermore, studies on emotional support emphasize that emotional functioning is shaped by interpersonal support systems, suggesting that

emotionally supportive contexts facilitate healthier emotional awareness and regulation (Ye, 2024). In contrast, psychologically controlling parenting may restrict emotional exploration and reduce adolescents' confidence in managing affective experiences.

Emotional intelligence also demonstrated a significant negative association with internalizing symptoms. Adolescents with stronger emotional intelligence reported lower emotional distress, suggesting that emotional perception, understanding, and regulation may protect against anxiety and depressive symptoms. This finding aligns with research showing that emotional skills are related to school adjustment, relational competence, and adaptive functioning among junior and high school students (Pellerone et al., 2023). It is also consistent with research on pre-adolescents demonstrating that anger control and emotional abilities are associated with self-esteem, emotional control, and psychological well-being (Estrada-Fernández et al., 2023). Studies on school-going adolescents have similarly shown that emotional intelligence plays an important role in the relationship between anxiety and self-esteem, indicating that emotional intelligence may reduce the psychological impact of low self-worth on emotional distress (Hossain et al., 2024). In addition, person-centered research on socioemotional resources and mental health among adolescents demonstrates that emotional and psychological resources are meaningfully associated with mental health profiles (Pulido-Martos et al., 2022). Thus, the present findings support the view that emotional intelligence is a key protective factor in adolescent mental health.

The positive path from self-esteem to emotional intelligence is also theoretically meaningful. Adolescents who reported stronger self-esteem tended to report higher emotional intelligence, suggesting that positive self-evaluation may support more adaptive emotional functioning. When adolescents perceive themselves as worthy and competent, they may be more willing to acknowledge emotions, reflect on emotional experiences, communicate feelings, and regulate distress without excessive shame or avoidance. This interpretation aligns with research on positive affect, neuroticism, self-esteem, and emotional clarity, which suggests that self-esteem and emotional clarity are closely connected in adolescence (Oropesa-Ruiz, 2026). It also corresponds with findings that emotional skills, emotional control, and self-esteem are interrelated during pre-adolescence (Estrada-Fernández et al., 2023). The present model extends these findings by placing self-esteem and emotional intelligence within a

sequential mediation pathway, suggesting that psychological control may first weaken adolescents' global self-worth, which may then reduce emotional competence and ultimately increase internalizing symptoms.

The mediation findings were among the most important results of the study. The indirect effect of parental psychological control on internalizing symptoms through self-esteem and emotional intelligence was statistically significant, indicating that the association between controlling parenting and adolescent distress operates not only directly but also through internal psychological mechanisms. This is consistent with research on child maltreatment, exposure to intimate partner violence, emotional awareness, symptoms, and protective factors, which emphasizes that emotional awareness and psychological resources help explain symptom development following adverse relational experiences (Jiménez et al., 2024). Similarly, research on interparental violence has shown that child emotional awareness and protective factors are related to symptom profiles, further supporting the importance of emotional mechanisms in family-related risk models (Jiménez et al., 2025). The present findings also align with evidence concerning personal and family factors in adolescent emotional distress, especially in populations facing chronic health-related stressors (Postigo-Zegarra et al., 2024). Collectively, these studies support the interpretation that family adversity is most clinically meaningful when examined alongside the psychological processes that transmit or buffer its effects.

The findings can also be interpreted within the broader adolescent risk and resilience literature. Internalizing symptoms are rarely the result of one isolated experience; rather, they are shaped by family processes, peer interactions, social stressors, health conditions, school adjustment, and broader contextual vulnerabilities. Reviews of adolescent mental health risk factors show that psychological distress during adolescence is associated with multiple interacting domains, including family, individual, and social variables (Lin & Guo, 2024). Research on dating violence further illustrates that adolescents' emotional functioning is sensitive to both online and offline relational threats (Jaureguizar et al., 2024). Studies on eating disorder onset similarly indicate that adolescence is a period in which emotional, relational, and self-related risk factors may converge to increase psychopathological vulnerability (Varela et al., 2023). Moreover, research on youth experiencing homelessness demonstrates how unstable social environments can intensify mental health difficulties

and reduce access to support (Ermita & Rosenthal, 2024). Although the present study focused specifically on parental psychological control, self-esteem, and emotional intelligence, its findings are consistent with the broader view that adolescent internalizing symptoms emerge from the interaction of adverse relational experiences and weakened psychological resources.

5. Conclusion

The results also have implications for prevention and intervention. Because self-esteem and emotional intelligence were significant mediators, interventions targeting adolescent mental health should not focus only on symptom reduction but should also strengthen self-worth and emotional competence. This interpretation is consistent with evidence from app-enhanced transdiagnostic cognitive behavioral therapy for adolescents with mood or psychotic spectrum disorders, which illustrates the value of flexible interventions addressing transdiagnostic psychological mechanisms (Weintraub et al., 2022). It also aligns with systematic review evidence on Jungian sandplay therapy, which highlights the psychological health benefits of interventions that support emotional expression and developmental processing among children and adolescents (Ttofa, 2026). Family-level interventions may also be relevant, as protocols such as family metacognitive training emphasize the importance of parent-child dynamics in adolescent mental health (Ochoa et al., 2024). In addition, broader protective experiences, including physical activity, exercise, and sport participation, have been associated with psychological health and social outcomes in adolescents, suggesting that prevention programs may benefit from combining family education with youth empowerment, emotional skill-building, and structured social participation (Ruiz-Ranz & Asín-Izquierdo, 2025; Wade et al., 2026). Finally, research on suicidal ideation among young adults highlights the importance of addressing socio-psychological risk factors early, before emotional distress becomes more severe or persistent (Adeyemo et al., 2024).

6. Limitations & Suggestions

This study had several limitations that should be considered when interpreting the findings. First, the cross-sectional design prevents causal conclusions about the direction of relationships among parental psychological control, self-esteem, emotional intelligence, and internalizing symptoms. Although the proposed model was

theoretically grounded and statistically supported, longitudinal data would be necessary to confirm temporal ordering. Second, all measures were based on adolescent self-report, which may introduce shared method variance, recall bias, or subjective interpretation of parenting behaviors and psychological symptoms. Third, although the sample was adequate for structural equation modeling and included adolescents from Canada, the findings may not fully generalize to adolescents from different cultural, socioeconomic, clinical, or family contexts. Fourth, the study focused on parental psychological control as a broad construct and did not separately analyze maternal and paternal psychological control, which may have different psychological meanings and effects. Finally, the study did not include potentially relevant variables such as peer support, academic stress, trauma history, parental mental health, socioeconomic status, or school climate, all of which may influence adolescent internalizing symptoms.

Future research should extend the present findings using longitudinal, multi-informant, and culturally comparative designs. Longitudinal research would allow investigators to examine whether parental psychological control predicts later declines in self-esteem and emotional intelligence and whether these changes subsequently predict increases in internalizing symptoms. Future studies should also include reports from parents, teachers, and clinicians to reduce reliance on self-report and to provide a more comprehensive assessment of adolescent functioning. It would also be valuable to distinguish between maternal and paternal psychological control and to examine whether the effects differ by adolescent gender, age, family structure, cultural background, or socioeconomic status. Future studies could test more complex models including peer relationships, social support, academic pressure, digital stress, emotion regulation strategies, attachment security, and resilience. Experimental and intervention studies are also recommended to determine whether reducing psychologically controlling parenting or strengthening adolescent self-esteem and emotional intelligence leads to measurable reductions in internalizing symptoms.

The findings of this study offer several practical implications for parents, school counselors, psychologists, and adolescent mental health professionals. Parent education programs should emphasize the difference between appropriate behavioral guidance and psychologically intrusive control, helping parents reduce guilt induction, love withdrawal, emotional invalidation, and manipulative communication. School-based mental health programs

should include structured activities that strengthen adolescents' self-esteem, emotional awareness, emotional expression, and emotion regulation skills. Counselors working with adolescents who report anxiety or depressive symptoms should assess family emotional climate and perceived parental psychological control, not only individual symptoms. Interventions may be most effective when they combine adolescent-focused emotional skills training with parent-focused communication and autonomy-supportive practices. Schools can also support adolescent mental health by creating environments in which students feel emotionally safe, respected, and capable of expressing difficulties without shame. Overall, prevention and intervention efforts should target both the family conditions that increase emotional vulnerability and the psychological resources that protect adolescents from internalizing distress.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

References

- Adewuyi, H. O., & Dwarika, V. (2024). Improving Psychological Adjustment of the Sexually Abused in-School Adolescents in Nigeria: The Roles of Emotional Stability, Social Anxiety, and Self-Esteem. *E-Journal of Humanities Arts and Social Sciences*, 284-300. <https://doi.org/10.38159/ehass.20245311>
- Adeyemo, D. A., Olunloyo, B. O., & Agokei, S. P. (2024). Socio-Psychological Predictors of Suicidal Ideation Among Young Adults in Oyo State, Nigeria. *Nusantara Journal of Behavioral and Social Sciences*, 3(3), 101-110. <https://doi.org/10.47679/njbss.202457>
- Ali, Z., Ahsan, Z., Ahsan, H., Ahmad, H., Ehsaan, Z., & Liaqat, N. (2025). Exploring the Impact of Diverse Parenting Styles on Child and Adolescent's Mental Health: A Systematic Review. <https://doi.org/10.21203/rs.3.rs-7530197/v1>
- Cn, A., & Kour, P. (2025). The Impact of Parental Bonding, Emotional Intelligence, Self Esteem on Academic Performance Among College Students. <https://doi.org/10.21203/rs.3.rs-6385617/v1>
- Ermita, K. C., & Rosenthal, D. M. (2024). Exploring Mental Health Services for Youth Experiencing Homelessness in East Asia Pacific Regions: A Systematic Scoping Review. <https://doi.org/10.20944/preprints202405.1371.v1>
- Erses, T., Kılıç, Y., & Berkmen, B. (2022). The Relationship of Emotional Abuse, Self-Value and Conflict Resolution Needs in Secondary School Students. *Frontiers in psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.966702>
- Estrada-Fernández, X., Ros-Morente, A., & Alsinet-Mora, C. (2023). Influencia Del Control De La Ira Y Las Habilidades Emocionales en La Autoestima en Edades Pre-Adolescentes Y Su Relación Con Control Emocional Y El Bienestar Psicológico. *Revista De Psicología Y Educación - Journal of Psychology and Education*, 18(1), 62. <https://doi.org/10.23923/rpye2023.01.235>
- Fogleman, N. D., McQuade, J. D., Mehari, K. R., & Becker, S. P. (2021). In-person Victimization, Cyber Victimization, and Polyvictimization in Relation to Internalizing Symptoms and Self-esteem in Adolescents With Attention-deficit/Hyperactivity Disorder. *Child Care Health and Development*, 47(6), 805-815. <https://doi.org/10.1111/cch.12888>
- Gust, A. M., & Salafia, E. H. B. (2025). BIO Girls: Effect of a Community-Based Empowerment Program on Youth Self-Esteem. *Sage Open*, 15(3). <https://doi.org/10.1177/21582440251367528>
- Hossain, M. S., Baroi, B., Oyshi, H. M., Fatema, K., & Muhammad, N. A. (2024). Understanding the Interplay Between Anxiety and Self-Esteem Among School-Going Adolescents: Moderating Role of Emotional Intelligence. *Jn. Uni. J. Sci.*, 11(1). <https://doi.org/10.3329/jnujsci.v11i1.76696>
- Jaureguizar, J., Santamaría, M. D., Redondo, I., Wachs, S., & Machimbarrena, J. M. (2024). Online and Offline Dating Violence: Same Same, but Different? *Psicologia Reflexão E Crítica*, 37(1). <https://doi.org/10.1186/s41155-024-00293-3>
- Jiménez, E. M. O., Butjosa, A., Gómez-Benito, J., & Ochoa, S. (2024). Emotional Awareness, Child Maltreatment and Child Exposed to Intimate Partner Violence: A Systematic Review of Their Relationship With Symptoms and Protective Factors. *Child Abuse Review*, 33(6). <https://doi.org/10.1002/car.2907>
- Jiménez, E. M. O., Gómez-Benito, J., Llach, S. L., Lamarca, M., & Ochoa, S. (2025). Interparental Violence: Child Emotional Awareness, Protective Factors, and Symptom Profiles in a Comparative Analysis. *Frontiers in Psychiatry*, 16. <https://doi.org/10.3389/fpsyg.2025.1418332>
- Lin, J., & Guo, W. (2024). The Research on Risk Factors for Adolescents' Mental Health. *Behavioral Sciences*, 14(4), 263. <https://doi.org/10.3390/bs14040263>
- Ochoa, S., Espinosa, V., López-Carrilero, R., Martínez, I., Barrera, A. D. H., Birulés, I., Barajas, A., Peláez, T., Díaz-Cutrarro, L., Coromina, M., González-Rodríguez, A., Videnović, M., Gutiérrez-Zotes, A., Palma, C., Montes, C., Gallego, J., Payá, B., Casanovas, F. R. i., Roldán, M. a. I., . . . Crosas, J. (2024). Effectiveness of Family Metacognitive Training in Mothers With Psychosis and Their Adolescent Children: A Multicenter Study Protocol. *Frontiers in psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1359693>
- Oropesa-Ruiz, N.-F. (2026). The Role of Positive Affect in the Relationship Between Neuroticism, Self-Esteem, and Emotional Clarity in Adolescents. *Frontiers in psychology*, 17. <https://doi.org/10.3389/fpsyg.2026.1717007>
- Pellerone, M., Torvisco, J. M., Razza, S. G., Piccolo, A. L., Guarnera, M., Rosa, V. L. L., & Comodari, E. (2023). Relational Competence, School Adjustment and Emotional Skills: A Cross-Sectional Study in a Group of Junior and High School Students of the Sicilian Hinterland. *International journal of environmental research and public health*, 20(3), 2182. <https://doi.org/10.3390/ijerph20032182>
- Postigo-Zegarra, S., Schoeps, K., Pérez-Marin, M., Lacomba-Trejo, L., & Valero-Moreno, S. (2024). Personal and Family Factors for Emotional Distress in Adolescents With Chronic Disease. *Frontiers in psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1304683>
- Pulido-Martos, M., Cortés-Denia, D., Ghoudani, K. E., Luque-Reca, O., & López-Zafra, E. (2022). Socioemotional Resources and Mental Health in Moroccan Adolescents: A Person-Centered Approach. *Frontiers in psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.830987>
- Reyes-Wapano, M. R. (2021). Does Parenting Style Predict Emotional Intelligence? *International Journal of Research and Innovation in Social Science*, 05(07), 649-657. <https://doi.org/10.47772/ijriss.2021.5732>
- Ruiz-Ranz, E., & Asin-Izquierdo, I. (2025). Physical Activity, Exercise, and Mental Health of Healthy Adolescents: A Review of the Last 5 years. *Sports Medicine and Health Science*, 7(3), 161-172. <https://doi.org/10.1016/j.smhs.2024.10.003>
- Sahar, N.-e., Saman, M., Sarwat, Y., & Zaman, K. (2021). Role of Self-Esteem and Social Support on Emotional Behavioral Problems Among Adolescents. <https://doi.org/10.21203/rs.3.rs-348583/v1>
- Sedana, G. (2024). Psychological Rigidity, Perceived Parenting, and Problematic Internet Use in Adolescent Mental Health: A Review. *Journal of Research in Vocational Education*, 6(7), 22-27. [https://doi.org/10.53469/jrve.2024.06\(07\).06](https://doi.org/10.53469/jrve.2024.06(07).06)
- Shaygan, M., Bostanian, P., Zarmehr, M., Hassani-pour, H., & Mollaie, M. (2021). Understanding the Relationship Between Parenting Style and Chronic Pain in Adolescents: A Structural Equation Modelling Approach. *BMC psychology*, 9(1). <https://doi.org/10.1186/s40359-021-00704-5>
- Tfofa, J. (2026). The Effects of Jungian Sandplay Therapy on the Psychological Health of Children and Adolescents: A Systematic Review of Quantitative Studies. *Counselling and Psychotherapy Research*, 26(2). <https://doi.org/10.1002/capr.70163>
- Uzun, M. E., Sezgin, E., ÇAkır, Z., & Şirin, H. (2023). Investigating Emotional Regulation, Aggression and Self-Esteem in Sexually Abused Adolescents. *The European*

- Research Journal*, 9(2), 214-221.
<https://doi.org/10.18621/eurj.1182913>
- Varela, C., Hoyo, Á., Tapia-Sanz, M. E., Jiménez-González, A. I., Moral, B. J., Rodríguez-Fernández, P., Vargas-Hernández, Y., & Sánchez, L. J. R. (2023). An Update on the Underlying Risk Factors of Eating Disorders Onset During Adolescence: A Systematic Review. *Frontiers in psychology*, 14.
<https://doi.org/10.3389/fpsyg.2023.1221679>
- Wade, L., Eime, R., Pankowiak, A., Vella, S. A., Robinson, K., Kennedy, S., Parkes, R., & Eather, N. (2026). The Impact of Sports Participation on Psychological Health and Social Outcomes in Children and Adolescents: A Systematic Review and Update to the “Mental Health Through Sport” Conceptual Model. *Systematic Reviews*, 15(1).
<https://doi.org/10.1186/s13643-026-03104-1>
- Weintraub, M. J., Ichinose, M., Zinberg, J., Done, M., Morgan-Fleming, G., Wilkerson, C. A., Brown, R. D., Bearden, C. E., & Miklowitz, D. J. (2022). App-Enhanced Transdiagnostic CBT for Adolescents With Mood or Psychotic Spectrum Disorders. *Journal of affective disorders*, 311, 319-326.
<https://doi.org/10.1016/j.jad.2022.05.094>
- Ye, M. (2024). A Comprehensive Review on Emotional Support Delving Into Concepts Functions Influential Factors and Theoretical Frameworks. *International Theory and Practice in Humanities and Social Sciences*, 1(1), 144-161.
<https://doi.org/10.70693/itphss.v1i1.120>